# 407000011280

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

JUN 1 0 2015 T. HAMPTON

### **COVER LETTER**

	Registration Sec Division of Cor		<u>?</u>	
cub ie		binetworks LLC	•	
SUBJEC	T:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Joshua Ebersole		
			Name of Person	
		Creative Cabinetworks LL	С	•
			Firm/Company	
		8211 Eight Mile Creek Rd		
			Address	
		Pensacola, FL 32526		
			City/State and Zip Code	
		joshua@creativecabinetwor		
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please ca	all:	
Joshua F	Ebersole		850 3807812 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	I is a check for th	ne following amount:		
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our rec Liability Company)	ords.)	
y were filed on 2007	and assigned	
bility company here:		
ility Company," the designation "I	LLC" or the abbreviation "L.L.C."	
	15 JUN -	
	SSE T	
	F STATE	
office address on our reco re:	ords, enter the name of the	
Enter Florida street address		
	, Florida	
City	Zip Code	
	were filed on 2007  pility company here:  ility Company," the designation "I	

If Changing Registered Agent, Signature of New Registered Agent

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ezra C. Símes	8215 Eight Mile Creek Rd	■ Add
		Pensacola, Fl 32526	☐ Remove
			☐ Change
			☐ Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
		·	Add
			☐ Remove
			☐ Change
			ALL Remove
			RECRETARY OF STATE SECRETARY OF STATE
			AH 905
			D Remove
			☐ Change

amending any other info	rmation, enter cl	hange(s) bere:	(Attach additio	nal sheets, if ned	cessary.)	
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fective date, if other than n effective date is listed, the date te: If the date inserted in the current's effective date on the	te must be specific and his block does not r	d cannot be prior to meet the applicat		re than 90 days afte		
record specifies a del The 90th day after the			an effective ti	me, at 12:01	a.m. on the	earlier o
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tei	- 0.00	,	_· 		JUN -	
	Matthew	<b>9</b> -0			RY Ser	LED
	Signature of a	member or author	ized representative	ot a member	mo =	Ö
Matthew N Eberso	le				9: 0! F STAT F FLOR	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00