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SECRETARY OF STATE

K. SALY NOV 2 1 2017

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Creative Ca.	binetworks LLC ad Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	<u>Jos</u>	Shua S Ebersole Name of Person	<u></u>
	Creat	ive Cabinetwork	s LLC
	8211	Eight M. le Cres	ek Rd
	Pensac	Cola FL 3252 City/State and Zip Code	<u>6</u>
	joshua(3) Craca E-mail address: (1	diverabine hooks.	CO m
For further information co	oncerning this matter, please ca	dl:	
Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	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

2017 NO	F/1		
SECRE ALLAHA	IARY O SSEE.	FS FA FLOR	1: 21 10.:
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Creative Cabinetwork (Name of the Limited Liability Con (A Florida Limit	S LLC	CORDS.) TALLAHASSEE. FLORIOA
(Name of the Limited Liability Con (A Florida Limit	ed Liability Company)	SEE. FLORIDA
The Articles of Organization for this Limited Liability Compa	any were filed on	2007 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	liability company here:	
The new name must be distinguishable and contain the words "Limited L. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our ro here:	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida
	City	ray com

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
<u>Ambr</u>	Ezra C Simes	8215 Eight M. le Creekt Pensacola, FL 32526	Rd 🗆 Add
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If an el Note:	tive date, if other than the date of filing: (optional) frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (and the date is listed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he re Th	ecord specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier of: e 90th day after the record is filed.
Date	d
	Clarky A Claritie

Page 3 of 3

Filing Fee: \$25.00