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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer;	

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## **COVER LETTER**

FO: Registration S Division of Co			
SUBJECT:	rective Cabineto	ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Joshua	Ebersole Name of Person	
	Creative	Cabinetworks (	LIC
	8211 E	ght Mile Cree Address	k Rd
	Pensacola	City/State and Zip Code	
	<u>CCのかねり</u> E-mail address: ()	10 (a) 9 ma.l. (om to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
JOSHUA E Name (	hersile of Person	at ( <u>850</u> ) <u>512</u> - Area Code Daytim	· OG 58 ne Telephone Number
Enclosed is a check for t	the 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Creative Ca	binetworks LLC	·
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on	and assigned
Florida document number <u>L010000112</u> 8	<u> </u>	
his amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.	<u></u>	
		~
		7-2 1-2
<ol> <li>If amending the registered agent and/or registered and/or the new registered office address h</li> </ol>	stered office address on our records, <u>enter th</u> <u>ere</u> :	e name of the new register
Name of New Registered Agent:		三 [5]
N		် <u>မွှ</u> (၁
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Flori	ida
<del>-</del>	City	Zip Code

### 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 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	Ryan Ebersole	8211 Eight Mile Creck Rd	□Add
		8211 Eight Mile Creek Rd Pensacola, FL 32526	Kemove
			□Change
			□Remove
			□Change
		□ Remove	□Remove
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
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an efi ote:	ive date, if other than the date of filing:
recor is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	June 1, 2021 John Eld
	Signature of a member or authorized representative of a member