L070000022802

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
407-22802 (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
OCT 2 3 2008
EXAMINER



600135512906

10/23/08--01002--004 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

No #

Office Use Only



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2008

SANDRA CASTILLO 15207 STONEBROOK DR. SANFORD, FL 32773

SUBJECT: AMERICAN CUSTOM CABINETRY LLC

Ref. Number: L07000022802



We have received your document for AMERICAN CUSTOM CABINETRY LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 408A00052742

Agnes Lunt Regulatory Specialist II

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: American Custom Cabinetry LLC (Name of Limited Liability Company)				Ħ	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Sandra Castillo	Along & Donney			
		(Name of Person)			
	Sandra Castillo Tax Serv	vices			
		(Firm/Company)		ZE TAL	
	15207 Stonebrook Dr			209 OCT 22 SECRETAR) TALLAHASS	てににし
		(Address)		22 ARN SSI	ſ
	Sanford, FL 32773			P 2	П
		(City/State and Zip Code)		2: 42 STATE LORID	C
For further information of	concerning this matter, please c	all:		A N	
Gustavo Rivas		at (321) 946-6238			
(Name	of Person)	(Area Code & Daytime 1	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)	Certified	e of Status &	
Regist	LING ADDRESS:	STREET/COURIER Registration Section			

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Custom Cabinetry LL			
(Name of the Limite	ed Liability Com A Florida Limite	pany as it now appears on our record d Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited	Liability Compa	nny were filed on March 01 2007	and assigned
Florida document number L07000022802	 .		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
GMC Custom Cabinets LLC			
The new name must be distinguishable and end w"L.L.C."	vith the words "Li	imited Liability Company," the designa	
Enter new principal offices address, if appli	icable:	N/A	ZOB OCT
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		CT 22 HASSE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	PA 2:1
			TE 2
B. If amending the registered agent and registered agent and/or the new registered of			nter the name of the nev
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		(Enter Florida str	eet address)
		, Flori	
		(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ms $MGRM = 1$	anager Managing Member				
<u>Title</u>	Name	Address	<u>T</u>	ype of Ac	<u>ction</u>
	N/A			Add Remove	
				Add Remove	
			_	Add Remove	
				Add Remove	
				Z nove	<u> 1</u>
			ARY OF SIL	Add Remove	LED
D. If amen	ding any other information, enter chai	nge(s) here: (Attach additional sheets, if necessary.	ATE RIDA	£ 2	
<u>-</u>			<u> </u>		
		0.070			
Dated	Signature of a member 1	ber or authorized representative of a member		 -	
	t t	LUIS RIVAS ed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00