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· (Re	equestor's Name)	
(Ac	idress)	
V	,	
(Ac	idress)	
-	•	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(LX	ocument Number)	
Certified Copies	Certificates	s of Status
	E'' OF	
Special Instructions to	Hiling Officer:	!



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Office Use Only

N. Culligan NOV - 9 2011

COVER LETTER

TO:	Registration Section Division of Corp-			
SUBJI				
		Name of Lim	ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are su	bmitted for filing.	
Please	return all correspond	dence concerning this matter	r to the following:	
			Name of Person	
Chri			Christi's" Cabinetry	
Firm/Company				
1902 Elsa ST.				
Address				
			Naples FL. 34109	
			City/State and Zip Code	
		Christ E-mail address: (iscabinetry@comcast.ne to be used for future annual report no	otification)
For fur	ther information cor	ocerning this matter, please o	·	,
	Consta	ntin Asavinei	at (_239)	682-2620
	Name of F	Person	Area Code & Daytime Telephone Number	
Enclose	ed is a check for the	following amount:		
\$2 5	.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)
	Registrati Division (P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	porations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

11 NOV -8 AN II: 37

	Christi's" Cabinetry, LL	C TALLA	HASSEE, FLORIDA	
(Name of the Limited (A	Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	LURINA	
The Articles of Organization for this Limited L Florida document numberL07000053		11/04/2011	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liability company here	•		
The new name must be distinguishable and end wir "L.L.C."	th the words "Limited Liability Compan	y," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	CT ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		,,	
B. If amending the registered agent and/or the new registered of	or registered office address on ou <u>fice address here</u> :	r records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	Dragos Constantin Asavinei			
New Registered Office Address:	1902 Elsa ST.	4 to		
	Enter Florida street address			
	Naples	, Florida	34109	
	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 = Manager MGRM = Managing Member Title Name . <u>Address</u> **Type of Action** MGRM Dragos Constantin Asavinei 1902 Elsa ST. Naples FL. 34109 ✓ Add Remove ☐ Add ☐ Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. 11/04/ Dated Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Dragos Hsavinei

Filing Fee: \$25.00