

#L07000089575
02/04/2011 09:32 FAX 5604780567 DALIA ACCOUNTING SVS 00017004
Division of Corporations (H110000296113) Page 1 of 1

Florida Department of State
Division of Corporations
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H110000296113ABCV

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DREAMER DESIGNS BY MASSO LLC

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February 4, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DREAMER DESIGNS BY MASSO LLC
3526 VICTORIA DR
WEST PALM BEACH, FL 33406

SUBJECT: DREAMER DESIGNS BY MASSO LLC
REF: L07000089575

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form submitted is for a corporation. Please resubmitt with an LLC amendment form.

Please return your document, along with 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) 245-6870.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H11000029611
Letter Number: 511A00002976

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11 FEB -4 PM 12:32
DIVISION OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

(H110000 296113)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
11 FEB -4 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DREAMER DESIGNS BY MASSO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/30/2007 and assigned
Florida document number L07000089575

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CUSTOM CABINETS BY MASSO, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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(H110000296113)

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated February 4, 2011

Orlando Masso

Signature of a member or authorized representative of a member

Orlando Masso

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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