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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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D. BRUCE

MAY 0 2 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2012

PAUL A. HERBERT 155 GREENBRIAR AVENUE ORMOND BEACH, FL 32174

SUBJECT: CAPELLA CABINETRY, LLC

Ref. Number: L07000100404

We have received your document for CAPELLA CABINETRY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

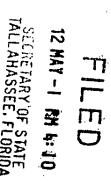
You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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 $(850)\ 245-6051$.

Deborah Bruce Regulatory Specialist II

Letter Number: 512A00011320



COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	CAPELLA	CABINETRY, LLC		
	Name of Lim	ited Liability Company	- \$ \$1 Tes	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspondent	ondence concerning this matte	r to the following:		
		PAUL A. HERBERT Name of Person		
	CAP	PELLA CABINETRY, LLC		
		Firm/Company		
	155	GREENBRIAR AVENUE		
		Address		
	ORN	MOND BEACH, FL 32174		
	-+i	City/State and Zip Code	, M. J.	
	CAPELL	ACABINETS@YAHOO.C	OM (Govern)	
man floration to finite more than	concerning this matter, please of	to be used for future annual report in	enication;	
For turner, intormation of	concerning this matter, please of	zall:		
PAUL A. HERBERT		at (_386_)	212-6127	
Name o	of Person	Area Code & Dayt	ime Telephone Number	
Enclosed is a check for the	he following amount:			
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed))
				ŗ.
Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314		orations Center Circle	

FILED

12 MAY -1 M 4: 10

SECRETARY OF STATE
VALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CAPELLA CABINE				
(Na)	me of the Limited Liability Company as (A Florida Limited Liabil	it now appears (on our records.)		
	•	,			
The Articles of Organization for	or this Limited Liability Company were	e fi led on	10/02/2007	and assig	ned
Florida document number	L07000100404				
This amendment is submitted to	to amend the following:				
A. If amending name, enter	the new name of the limited liability	company here:			
(CAPELLA CABINETRY & INTE	RIOR FINISH	ES, LLC		
The new name must be distingui "L.L.C."	shable and end with the words "Limited L	iability Company	," the designation "L	LC" or the abb	previation
Enter new principal offices a	ddress, if applicable:	 		-,	
(Principal office address MUS	ST BE A STREET ADDRESS)				
					
Enter new mailing address, i	f applicable:		Þ	vo <u>=</u> •	
(Mailing address MAY BE A	POST OFFICE BOX)		E	<u>ra</u> →	~~~
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		· · · · · · · · · · · · · · · · · · ·	S S	35 -	
B. If amending the registe	red agent and/or registered office	address on our	records, enter th	i≺ e-nan t# of	helnew
registered agent and/or the n	ew registered office address here:				O
			Ġ		
Name of New Registr	ered Agent:				
New Registered Office	re Address:			:	
	Enter Florida street address				
			. Florida		
	Cii	ty		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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager on Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
ngem	BRENDA A. HERBERT	155 GREENBRIAR AVENUE ORMOND BEACH, FL 32174	✓ Add Remove
Mar	PAUL A. HERBERT	155 GREENBRIAR AVENUE ORMOND BEACH, FL 32174	✓ Add Remove
			Add Remove
······································			Add Remove
	VIII		Add Remove
	,		Add Remove
D. If amendi	ng any other information, enter o	change(s) here: (Attach additional sheets, if necessa	FIL 12 MAY - I SEGRETAR SALLIAHASS
			E D RM 4: ITO YOF STATE FEE. FILORIDA
Dated	APRIL 3	2012.	
	1	ember or authorized representative of a member BRENDA A. HERBERT	
-		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00