

L07000115899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

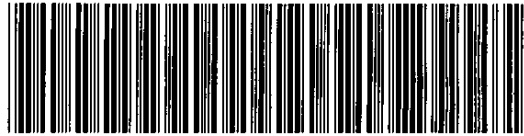
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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J. BRYAN

JAN 29 2008

EXAMINER

KENNETH B. EVERS

PROFESSIONAL ASSOCIATION

ATTORNEY AT LAW

424 WEST MAIN STREET

WAUCHULA, FLORIDA

KENNETH B. EVERS

E-MAIL: everspa@combarqmail.com

TELEPHONE: (863) 773-5600

FACSIMILE: (863) 773-0952

REPLY TO: P.O. DRAWER 1308
WAUCHULA, FLORIDA 33873-1308

January 24, 2008

EXPRESS MAIL

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: True Wood Cabinets, LLC - Name Change
Document No. L07000115899

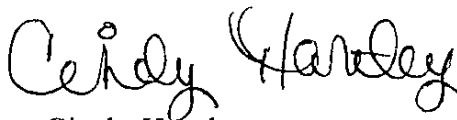
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Gentlemen:

Enclosed are original and one copy of Articles of Amendment to Articles of Organization of True Wood Cabinets, LLC. Please file the original and return a copy to me.

Also enclosed is Kenneth B. Evers, P.A., check number 6012 payable to Florida Department of State in the amount of \$25.00 representing fee to file same.

Sincerely,



Cindy Hartley
Legal Assistant

/chh
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRUE WOOD CABINETS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth B. Evers
(Name of Person)

KENNETH B. EVERS, P.A.
(Firm/Company)

Post Office Drawer 1308
(Address)

Wauchula, FL 33873-1308
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

Cindy Hartley, Legal Assistant at (863) 773-5600
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Page 1 of 2

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:

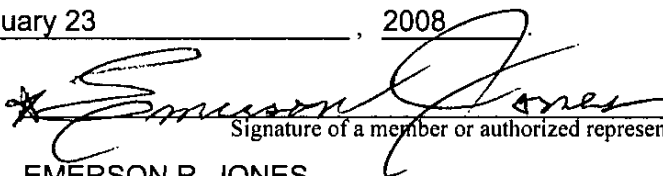
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated January 23, 2008



Signature of a member or authorized representative of a member

EMERSON R. JONES

Typed or printed name of signee