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SECRETARY OF STATE

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EXAMINER

COVER LETTER

H-Mendmont TO: **Registration Section Division of Corporations** SUBJECT: Solution Cabint Buildon, LLC Becoming BEB Custom Cabinetry, 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: Charles A. Navy
Name of Person BEB Custon Cabinery, ue 12141 Crystal Condo Road Fort Myrs F1 33966
City/State and Zip Code Chuck @ ban 1 b closets. Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 275-655 I

Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee **¬\$55.00** Filing Fee & \$60.00 Filing Fee, \$30.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solution Cabin (Name of the Limited Li	et Builders.	LLC			
(<u>Name of the Limited Li</u> (A Fl	ability Company a lorida Limited Liabi	it now appears on out of ity Company)	ur records.)		
The Articles of Organization for this Limited Liab	ility Company wer	e filed on $2-1$	5-2008	and assig	ned
Florida document number L0800001	6966				
This amendment is submitted to amend the follow	ing:				
A. If amending name, <u>enter the new name of th</u>					
BE B Custon C The new name must be distinguishable and end with t	aboutry u				
The new name must be distinguishable and end with t 'L.L.C."	he words "Limited I	iability Company," th	he designation "	LLC" or the ab	previation
Enter new principal offices address, if applicab	le: _	Same		Z 28	<u>-</u>
Principal office address MUST BE A STREET.	ADDRESS)	Same 12141 Cry For+ Myer	stal Con	EST E	are the
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Enter new mailing address, if applicable:		Sane			\$ # F
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	12141 CV	gtal Con	野水區	
	_	Sana 12141 Cry Fort Myer	-5, [-]	Sall of	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office				
Name of New Registered Agent:	Ch	arles A. Nav	4		
New Registered Office Address:	12141	Crystal Co Enter Fl	n to Rt. Forida street add	dress	
	Fort Mycrs , 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 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> **Address** Type of Action $\,dd\,$ Remove ☐ Add Remove ☐ Add Remove nla R**ES**Jove nla Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Charles Typed or publied name of signee

Page 2 of 2

Filing Fee: \$25.00