## 1080000/6966

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	: #)
(Business Entity Name)  (Document Number)	MAIL .	
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		

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## **COVER LETTER**

		tion Secti of Corpo					
enniec	B &	B Custon	n Cabinetry, LLC				
SUBJECT: Name of Limited Liability Company							
The enclo	osed Artic	cles of An	nendment and fee(s) are sub	mitted for filing.			
Please ret	turn all co	orrespond	ence concerning this mutter	to the following:			
			Charles Navy				
				Name of Person			
			B & B Custom Cabinetry,	LLC			
				Firm/Company			
			12141 Crystal Condo Rd				
				Address	<u> </u>		
			Ft. Myers, FL 33966				
				City/State and Zip Code	<del></del>		
			E-mail address; (	to be used for future annual report n	otification)	7 S S	
For furthe	er inform	ation cone	cerning this matter, please co	all;		ZOTÉ JUN SÉCRETA SECRETA	تنت
Charles ?	Navy			239 275-6551		ASSAL FLYSSAL 19	
	1	vame of Po	erson		time Telephone Number	मिन्द <b>क</b>	; ; <b>~</b>
							-
Enclosed	is a chec	k for the f	ollowing amount:			20 22 22 23 23	
\$25,0	0 Filing I	<sup>2</sup> ee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ing Fee. O	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B & B Custom Cabinetry, LLC							
(Name of the Lim	ited Liability Compe (A Florida Limited	any as it now appears on our re Liability Company)	cords.)	<del></del>			
The Articles of Organization for this Limited Liability Company were filed on 2/15/08  Florida document number L08000016966					and assigned		
This amendment is submitted to amend the following	lowing:						
A. If amending name, enter the new name	of the limited liab	oility company here:					
Enava Woodworks, LLC							
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	'LLC" or the a	bbrevia	ion "L.L.	C.**	
Enter new principal offices address, if applicable:		3842 Ironbridge Blvd.					
(Principal office address MUST BE A STRE	Fort Myers, FL 33916						
Unter now mailing address if anylinghles		3842 Ironbridge Blvd.				<del></del>	
Enter new mailing address, if applicable:		Fort Myers, FL 33916					
(Mailing address MAY BE A POST OFFICE	<del></del>				<u></u>		
B. If amending the registered agent and registered agent and/or the new registered of			— 1	the n	0	the nev	
Name of New Registered Agent:	<del></del>		· · ·	日 <sub>2.5</sub> 日 <u>2.5</u>	- <del>Ω</del> -	<u></u>	
New Registered Office Address:	3842 Ironbridg			56			
		Enter Florida street ad	ldress "	•	-	•	
	Fort Myers	<u></u>	, Florida _33	916			
		City		7in	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
		3842 Ironbridge Blvd.				
		Fort Myers, FL 33916	☐ Remove			
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			0 th 0	1
Cective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot de:  If the date inserted in this block does not meet the cument's effective date on the Department of State's re-	applicable statutory	or more than 90 days aft	tional)	- 5.020
record specifies a delayed effective date, t	out not an effecti	ve time, at 12:01	a.m. on the earl	ier o
he 90th day after the record is filed.	. and the more marked to the testing to the			. J. V
red 6/13 20	16			
12				
	or authorized represen	lative of a member		
Signature of a member	of additionated selections			

Page 3 of 3

Filing Fee: \$25.00