

APR 19 2012 11:54AM

COMPUTAX USA INC 727-546-3365

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L09000001095

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : COMPUTAX USA INC.  
Account Number : I20000000254  
Phone : (727) 546-3335  
Fax Number : (727) 546-3365

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NOVA LINE CABINETRY, LLC

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B. BOSTICK  
APR 20 2012  
EXAMINER

H12000104984 3  
**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**NOVA LINE CABINETRY, 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 01/05/2009 and assigned  
Florida document number L09000001095.

This amendment is submitted to amend the following:

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

LONDOS FINE CABINETRY, 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)

6260 39TH ST N SUITE J

PINELLAS PARK FL 33781

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6260 39TH ST N SUITE J

PINELLAS PARK FL 33781

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:

6260 39TH ST N SUITE J

*Enter Florida street address*

PINELLAS PARK

Florida

33781

*City*

*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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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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 APR 19 AM 7:31

FILED

Dated April 19th, 2012



Signature of a member or authorized representative of a member

Jeremiah Londos

Typed or printed name of signee

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