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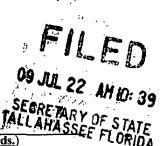
COVER LETTER

TO: Registration Section Division of Corpo			•		
SUBJECT:	B&J Cabinetr	y and Millwork LLC.			
SUBJECT:		ted Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
		Norberto Mejias Sr.			
Name of Person					
B&J Cabinetry and Millwork LLC.					
Firm/Company					
	310 West Grant Street, Suite A				
		Address			
	Orlando, FL 32806				
	City/State and Zip Code				
bandjcabinetry@cfl.rr.com E-mail address: (to be used for future annual report notification)					
For further information con	cerning this matter, please c		,		
To larme momanos cos	••••••••••••••••••••••••••••••••••••••				
	to Mejias Sr.	at (_407;)	843-1407		
Name of P	erson	Area Code & Dayti	me 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)		
MAILIN	G ADDRESS:	STREET/COU	RIER ADDRESS:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



B&J Cabinetry and Millwork 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	d Liability Company were filed on _	June, 01 2009	and assigned	
Florida document numberL090000	052945			
This amendment is submitted to amend the	following:			
A. If amending name, enter the new nam	e of the limited liability company h	<u>iere</u> :		
The new name must be distinguishable and end "L.L.C."	with the words "Limited Liability Com	npany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if app	plicable:			
(Principal office address MUST BE A STR	EET ADDRESS)	***		
	_			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC				
B. If amending the registered agent as	nd/or registered office address or	ı our records, <u>enter t</u>		
registered agent and/or the new registered	d office address here:			
Name of New Registered Agent:				
New Registered Office Address:				
	1	Enter Florida street address		
	City	, 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 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 or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Address</u> **Type of Action** <u>Title</u> <u>Name</u> MGR Norberto Mejías Sr. 4527 Seils Way ✓ Add Remove Orlando, FL 32812 ☐ Add Remove □ Add . ☐ Remove ☐ Add Remove □Add Remove ∏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 Magaly Mejias Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00