

L09000088254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

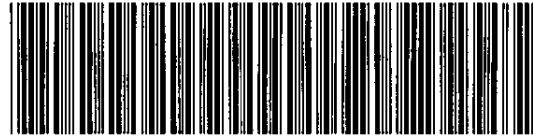
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500261895275

07/02/14--01028--009 **30.00

FILED
2014 JUL -2 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan JUL -3 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **E3 ENTERPRISES INTERNATIONAL, 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:

BILL ZHI LI

Name of Person

Firm/Company

3615 N.W. 115TH AVENUE

Address

DORAL, FL 33178

City/State and Zip Code

bli@adornus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BILL ZHI LI

Name of Person

at **954** **483-9881**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2014 JUL -2 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E3 ENTERPRISES INTERNATIONAL, 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 09/14/2009 and assigned Florida document number L09000088254.

This amendment is submitted to amend the following:

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

ADORNUS CABINETRY WH, 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:

3615 N.W. 115TH AVENUE

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33178

Enter new mailing address, if applicable:

3615 N.W. 115TH AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33178

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:

3615 N.W. 115TH AVENUE

Enter Florida street address

DORAL

City

Florida 33178

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	YANG, XUEFENG	4371 LAUREL RIDGE CIRCLE	<input type="checkbox"/> Add
		WESTON FL 33331	<input checked="" type="checkbox"/> Remove
MGRM	LI, BILL Z	4371 LAUREL RIDGE CIRCLE	<input type="checkbox"/> Add
		WESTON, FL 33331	<input checked="" type="checkbox"/> Remove
MGRM	LI, BILL ZHI	3615 N.W. 115TH AVENUE	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<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.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6/15/14, 2014



Signature of a member or authorized representative of a member

BILL ZHI LI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 JUL -2 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA