

L09000112936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

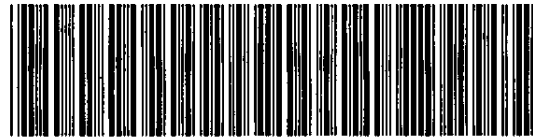
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600258176146

03/25/14--01012--025 \*\*25.00

FILED  
APR 15 14 P 12:01  
BOSTON

B. BOSTICK  
APR 15 2014  
EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **CUSTOM CABINETS OF SOUTHWEST FLORIDA 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:

**Linda Stresen-Reuter**

Name of Person

**Custom Cabinets of Southwest Florida LLC**

Firm/Company

**5929 Youngquist Road, Suite 4**

Address

**Fort Myers FL 33912**

City/State and Zip Code

**LsrCustomCabinets@comcast.net**

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

For further information concerning this matter, please call:

**Linda Stresen-Reuter**

Name of Person

at **239 415-3350**

Area Code

Daytime 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)

### 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**

Custom Cabinets of Southwest Florida 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 11-24-2009 and assigned  
Florida document number H0900246892 e

This amendment is submitted to amend the following:  
L09000112936

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

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Enter Florida street address

Florida

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 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**

**MGR = Manager**  
**AMBR = Authorized Member**

**Type of Action**

Add

☐ Remove☐ 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.)*

---

---

---

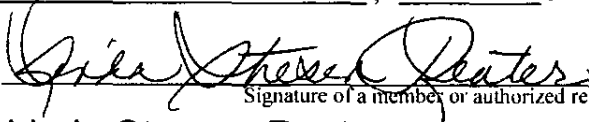
---

---

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 March 21, 2014



Signature of a member or authorized representative of a member

Linda Stresen-Reuter

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2014 MAR 14 12:01  
CLERK OF COURT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 31, 2014

LINDA STRESEN-REUTER  
5929 YOUNGQUIST ROAD  
SUITE 4  
FT. MYERS, FL 33912

SUBJECT: CUSTOM CABINETS OF SOUTHWEST FLORIDA LLC  
Ref. Number: L09000112936

We have received your document for CUSTOM CABINETS OF SOUTHWEST FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 314A00006789

FILED  
2014 MAR 14 PM 12:01  
TALLAHASSEE, FL