L10000053271

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Ou selection and the selection and the	Filler Officer	
Special Instructions to	Filing Oπicer:	

Office Use Only



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02/20/13--01009--010 **30.00

FEB 2 1 2013 **NOTES**

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Kenny	S CUSTOM FUT Name of Limite	niture, Cabinets, and ed Liability Company	d More LLC
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	<u>Kenny</u> F	Name of Person	
		Firm/Company	
	5385 Su	llivan Rd	
		Address	
	Tallahass	xe FL 32310	
	Kenny fulat E-mail address: (10	City/State and Zip Code er Q GMail. Com be used for future annual report notification	ion)
For further information con	cerning this matter, please ca	11:	
- Kenny Name of P	Fulater	at (850) 445 - 551 Area Code & Daytime Te	5 clephone 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

	ture, Cabinets, and	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L1000053271</u> .	npany were filed on $5/8$	and assigned
This amendment is submitted to amend the following:		20 955 8 955
A. If amending name, enter the new name of the limited	d liability company here:	AH 10:
Kenny's Custom Woodu	working LLC	2 8 H
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Company," the d	lesignation "LLC" or the abbreviatio
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES	ss) A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		rds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	NA	
. Terr Registered Office (Radioos)	Enter Florid	da 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 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 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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
	AN		Remove
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			Remove
			
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		-	13 FEB 21
			Add,
			28 8
			Add
			Remove

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Feb	ruary	18		2013	·				-
	J	120	1						
·		Signat	ure of a m	ember or a	uthorized	d represe	ntative of a	member	

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Filing Fee: \$25.00