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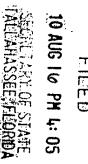
| •                                       |  |  |  |  |  |
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| (Requestor's Name)                      |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
| ( allows,                               |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
|   |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |
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Office Use Only



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08/16/10--01010--005 \*\*25.00



S. HAWKES
AUG 1 7 2010
EXAMINER

## **COVER LETTER**

TO:

| TO:      | Registration<br>Division of              | Section<br>Corporations  |   |  |  |
|----------|--|--|---|--|--|
| SUBJE    | СТ·                                      | ENCORE CAI   | BINETS DEVINE, LLC  |  |  |
| 0000     | ···                                      |  | nited Liability Company   |  |  |
| The enc  | losed Articles                           | of Amendment and fee(s) are su   | ıbmitted for filing.  |  |  |
| Please r | eturn all corre                          | spondence concerning this matte  | er to the following:  |  |  |
|          |  |  | GARTH H. WURSTLE Name of Person   |  |  |
|          |  | FNCOF  | RE CABINETS & DES16   | N.I.L.C  |  |
| ENOUNE   |  |  | Firm/Company  |  |  |
|          | 121 VISTA LANE                           |  |   |  |  |
|          |  |  | Address   |  |  |
|          | NAPLES, FL 34119 City/State and Zip Code |  |   |  |  |
|          |  | F. mail address  | garthwurstle@aol.com (to be used for future annual report noti  | Continu  |  |
| For furt | her information                          | on concerning this matter, please  | •   | neation)   |  |
|          | G/                                       | ARTH WURSTLE   | at (_239_)  | 784-3021   |  |
|          | Nan                                      | ne of Person   | Area Code & Daytin  | ne Telephone Number  |  |
| Enclose  | ed is a check for                        | or the following amount:   |   |  |  |
| \$25.    | 00 Filing Fee                            | \$30.00 Filing Fee & Certificate of Status   | \$55.00 Filing Fee & Certified Copy (additional copy is enclose   | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |
|          | Reg<br>Div<br>P.C                        | AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314 | STREET/COUR<br>Registration Secti<br>Division of Corpo<br>Clifton Building<br>2661 Executive C<br>Tallahassee, FL 3 | on<br>rations<br>enter Circle  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ENCORE C  | ABINE IS DEVINE.           | LLC                          | <del> </del>           |
|---|----------------------------|------------------------------|------------------------|
| (Name of the Limited Liabili<br>(A Florida  | Limited Liability Company) | its on our records.          |                        |
| The Articles of Organization for this Limited Liability Florida document number                 | Company were filed on      | 08/09/2010                   | and assigned           |
| This amendment is submitted to amend the following:   |                            |                              |                        |
| A. If amending name, enter the new name of the lir  | mited liability company he | re:                          | 5                      |
| Encore (  | Cabinets & Design          | LLC                          | 2                      |
| The new name must be distinguishable and end with the w "L.L.C."                                |                            |                              | C" or the abbreviation |
| Enter new principal offices address, if applicable:   |                            |                              | * <b>*</b>             |
| (Principal office address MUST BE A STREET ADD  | ORESS)                     | <u> </u>                     | 20                     |
|   |                            |                              | ·<br>                  |
| •   |                            |                              |                        |
| Enter new mailing address, if applicable:   |                            |                              |                        |
| (Mailing address MAY BE A POST OFFICE BOX)  |                            |                              |                        |
|   | <del></del>                |                              |                        |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad |                            | our records, <u>enter th</u> | e name of the nev      |
| Name of New Registered Agent:   |                            |                              |                        |
| New Registered Office Address:  |                            |                              |                        |
| <del>-</del>  | E                          | nter Florida street addr     | ess                    |
|   |                            | , 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 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 = MGRM = N | anager<br>Managing Member       |   |                |
|----------------|---------------------------------|---|----------------|
| <u>Title</u>   | <u>Name</u>                     | Address   | Type of Action |
| <del></del>    |                                 |   | Add Remove     |
|                |                                 |   | Add Remove     |
| <u>.</u>       |                                 |   | Add            |
|                |                                 |   | A A Remove     |
| <del></del>    |                                 |   | - Damaya       |
|                |                                 |   | Add<br>Remove  |
| D. If amen     | ding any other information, ent | ter change(s) here: (Attach additional sheets, if nec | ressary.)      |
|                | -1-1                            |   | ·              |
|                |                                 | 0040  |                |
| Dated          | August 12 Signature of          | a member or authorized representative of a member     |                |
|                |                                 | Garth H. Wurstle Typed or printed name of signee      |                |

Page 2 of 2

Filing Fee: \$25.00