4/00000085003

(Address) (Address) (City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					

Special Instructions to Filing Officer:

A. LUNT

APR -4 2010

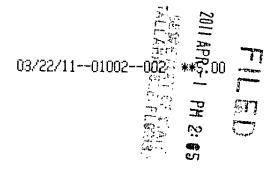
EXAMINER

Office Use Only



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March 7, 2011

JUANITA FRY 5575 RIVERIDE DR. PUNTA GORDA, FL 33982

SUBJECT: CABINETRY SYSTEMS PLUS, LLC

Ref. Number: L10000085003

We have received your document for CABINETRY SYSTEMS PLUS, LLC and check(s) totaling \$50.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$5.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 911A00005534

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Cabinetry Systems Plus, LLC Name of Limsted Liability Company	
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Juanita Fry Name of Person	2
	Juanita Fry Name of Person Cabinetry Systems Plus LC	and the second
	5575 Riverside Dr. Address	
,	Cabinet-plus_cissy Qyahav. Com E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For fur	rther information concerning this matter, please call:	
•	Juan ta Fry Name of Person at (941) (628-6113 Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
\$25	5.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	sed)

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

(abinety S	Cystems Plus LL	records.)		
(A Florida	ty Company as it now appears on our a Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document numberL_I_OOOOO_85		2010 and assigned		
This amendment is submitted to amend the following:		20 <u>1</u>		
A. If amending name, <u>enter the new name of the li</u>	nited liability company here:	R		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the o	3 3		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)	୍ର ଓ ଓ		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		rds, enter the name of the new		
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 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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	James H. Fry	5575 Riverside Dr. Punta Golda FL. 33982	Add _ X Remove
			Add Remove
			Remove
			Remove
•			Remove Add
D. If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Remove .
			-
			_
Dated ${2}$		·	- ,
<u>-</u>	Signature of a member of Juanita Fru	r authorized representative of a member	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00