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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

Rb 28 2011

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:S	R CABINETS	LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOHN	R PETTIS Name of Person	
	S&R CAE	SINETS Firm/Company	
	19334 I	DEEP SPRINGS RD	<u>)</u>
	FOUNTA	IN FL. 32438 City/State and Zip Code	
	E-mail address: (to be used for future annual report notifica	tion)
For further information co	oncerning this matter, please o	all:	
DIANA M. (COLLINS Person	at (<u>850</u> <u>348 - 7</u> Area Code & Daytime T	303 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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 DIVISION OF CORPORATIONS **OF**



11 FEB 25 PH 12: 24

S+R CABINETS
(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
Florida document numberL_11000010596
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
S+R CABINETS 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:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
Manual Cas MATE BEAT OUT THE BOXY
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:
egistered agent antalor the new registered office address here.
Name of New Registered Agent: DIANA M. COLLINS
New Registered Office Address: 1940 SHERMAN AVE # 215 Enter Florida street address
PANAMA CITH, Florida 32405 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:

<u>!</u>	<u>Name</u>	Address	Type of Action
			
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amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	
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<u> </u>	* John R Poll	r or authorized representative of a member	Tons

Page 2 of 2

Filing Fee: \$25.00