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(Re	equestor's Name)	_			
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(Cir	ty/State/Zip/Phone	= #)			
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EXAMINER



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COVER LETTER

` **14**: ·

TO: Registration S Division of Co			,		
SUBJECT:		ation & Cabinetry LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
	**************************************	Kevin Scott			
		Name of Person			
	Creation	Firm/Company			
693 Asct Circle					
		Address			
•		Orlando FL 32825 City/State and Zip Code			
	cr	eation.inc@gmail.com to be used for future annual report notifica	·		
For further information	e-mail address: (tion)		
	Kevin Scott	at (_407_)46	68-7133		
Name	of Person	Area Code & Daytime T	elephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

3

41.5

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 ARTICLES OF ORGANIZATION **OF**

Creation	n Istallation	n& Cabinetry LLC				
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on ou Liability Company)	r records.)			
The Articles of Organization for this Limited Liability Company were filed on and assi						
Florida document numberL11000018	821					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	oility company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Company," the	designation "L	LC" or the abbreviat		
Enter new principal offices address, if applicable:		693 Ascot Circle				
(Principal office address MUST BE A STREET ADDRESS		Orlando FL 32825	***************************************			
		•	2.	₹ 75		
			AND			
Enter new mailing address, if applicable:		693 Ascot Circle	ASSI	. d		
(Mailing address MAY BE A POST OFFICE BOX)		Orlando FL 32825		7		
·			CORI			
			81D	2		
B. If amending the registered agent and/o			ords, <u>enter tl</u>	ne name of the n		
registered agent and/or the new registered of	ice address her	<u>·e</u> :				
Name of New Registered Agent:	Kevin Scott					
New Registered Office Address:	Circle					
	Enter Florida street address					
		Orlando	_, Florida	32825		
		City	-	Zip Code		
New Registered Agent's Signature, if changing R	egistered 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 a 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

. . . V

MGR = Manager

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGRM = Managing Member Name 1 <u>Address</u> **Type of Action** KEVIN SCOTT Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member KEVIN Scott Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00