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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		esign & Millwork, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		PETER G. ABRAM	·	
			Name of Person	
		National Design & Millwo	ork, LLC	
			Firm/Company	
		2642 Floral Avenue		
			Address	
		Apopka, Florida 32703	·	
			City/State and Zip Code	
		peter.abram@evansmateria		
For furtl	her information co	e-mail address: (oncerning this matter, please c	to be used for future annual report notif	ication)
	G. ABRAM	7,	610 213-0863	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

National Design & Millwork, LLC			
(Name of the Limite	ed Liability Compa (A Florida Limited I	ny as it now appears on our i Liability Company)	ecords.)
The Articles of Organization for this Limited Li Florida document number L11000132610	ability Company	were filed on 11/22/2011	and assigned
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		2642 Floral Avenue	
(Mailing address MAY BE A POST OFFICE)	ROY	Apopka, Florida 32703	
B. If amending the registered agent and/or registered agent and/or the new registered off		:	cords, <u>enter the name of the new</u>
Name of New Registered Agent:			
New Registered Office Address:	2642 Floral Ave	Enter Florida street d	adtress
	Apopka		
		City	, Florida 32703 Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete tered agent as pegistered office change.	performance of my dutie rovided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is m that the limited liability

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	WINNIE L. ABRAM	2642 Floral Avenue	= Add
		Apopka, Florida 32703	□ Remove
			Change
AMBR	PETER G. ABRAM	2642 Floral Avenue	Add
		Apopka, Florida 32703	Remove
			☐ Change
MGRM	KATHRYN S. HAMM	5976 Jessica Drive	Add
		Apopka, Florida 32703	Remove
			Change
			
			□ Remove
			☐ Change
			Add
			□ Remove
		,	Change
			Remove STATE CORID
		<u> </u>	Change

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