4.12000001409

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
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A. LUNT								
APR - 5 2011								
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EXAMINER								

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COVER LETTER

SUBJECT:	Nationwic	de Cabinets, LLC					
	Name of Limited Liability Company						
	f Amendment and fee(s) are su ondence concerning this matte	_					
	•	Ū					
		Robert W. Perry					
	Name of Person						
	Firm/Company						
		Address					
	hoh@	City/State and Zip Code bob@nationwidecabinets.com					
	E-mail address: (E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	call:		2012 APR -4	<u></u>		
	bert W. Perry	411	79-5449	1 P. S. S. S. S. S. P. S.	01.2 E.M.		
Name	of Person	Area Code & Daytime	Telephone Number				
Enclosed is a check for t	-			温温 福			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	1)		

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

Na	ationwide C	abinets, LLC						
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appea Liability Company)	rs on our records.)					
The Articles of Organization for this Limited Li	were filed on	01/04/2012	a	and assig	ned			
Florida document number L12000001	409							
This amendment is submitted to amend the follow	wing:							
A. If amending name, enter the new name of	the limited liab	oility company he	œ:					
The new name must be distinguishable and end with "L.L.C."	n the words "Lim	ited Liability Compa	any," the designation	"LLC"	or the abl	 oreviation		
Enter new principal offices address, if applica	6823 14th St West							
(Principal office address MUST BE A STREE	TADDRESS)	Bradenton, F	L 34207	YE CHE	23			
				— (-) → 71	2 A	o.regree		
Enter new mailing address, if applicable:		6823 14th St	West	TO A	PR -4	C. C. S.		
(Mailing address MAY BE A POST OFFICE BOX)		Bradenton, F	L 34207		E	<u>}, } </u>		
					•••			
					en En			
B. If amending the registered agent and/o registered agent and/or the new registered off			our records, <u>ente</u>	r the m	ame of	the new		
Name of New Registered Agent:					,			
New Registered Office Address:	6823 14th S	St West						
		En	ter Florida street a	ddress				
	E	Bradenton		34207				
		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 Title Type of Action Name **Address** MGRM Beck, Donald E 1705 Cattlemen Rd. S1 ☐ Add Remove Sarasota FL 34236 ☐ Add ☐ Remove ☐ Add ☐ Remove ∏ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 2 Dated Signature of a member or authorized representative of a member Robert W. Perry

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00