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SECRETARY OF STATE
AND ASSET FEI DRITH

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Prime Cabinet Installations, "LLC". Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
William Russell DeShong Name of Person
Prime Cabinet Installations, "LLC"
104 4th Street
Niceville Florida 32578 City/State and Zip Code Wrdeshona & hot mail. Cem E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William Russell De Shong at (850) 259 - 4109 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\infty\$\$ \$25.00 \text{ Filing Fee & Certificate of Status}\$ Certificate of Status & Certified Copy (additional copy is enclosed) \$\infty\$\$ \$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\$

MAILING ADDRESS:

1

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

Prime Cabinet Install	ations, LLC		
(A Florida Limited Li	iability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000073205</u> .	were filed on <u>May</u>	31,2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," th	ne designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		⊼	· ·
(Principal office address MUST BE A STREET ADDRESS)		LLAHAS	2
Enter new mailing address, if applicable:		SEE. FI	2 T
(Mailing address MAY BE A POST OFFICE BOX)		OR IDA	31 33 53 5 57
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ecords, <u>enter th</u>	e name of the new
Name of New Registered Agent:	-		
New Registered Office Address:	Enter Flo	orida street addre	ess
		, Florida	
	City	<u> </u>	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			

If Changing Registered Agent, Signature of New 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 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** MGR X Add Remove ☐ Add ☐ Remove Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 100 % owner (William Russell Des Dated June 15 , 2012 William Russell DeShona
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00