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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CUSTOM CARPENTRY & CABINETS, LLC.

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K. SALY
EXAMINER
JAN - 6 2014

JAN/03/2014/FRI 11:09 AM
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FAX No. P.002
12/30/2013 3:29:32 PM PAGE 1/001 Fax Server



December 30, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CUSTOM CARPENTRY & CABINETS, LLC.

8717 NW 117 STREET BAY 3
HIALEAH GARDENS, FL 33018

SUBJECT: CUSTOM CARPENTRY & CABINETS, LLC.

REF: L12D00128429

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please note that Limited Liability Company forms received prior to January 1, 2014 must be submitted in accordance with Chapter 608, Florida Statutes. If you wish to file pursuant to Chapter 605, please resubmit your document after January 1, 2014. Otherwise, revise your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H13000283534
Letter Number: 413A00029295

RECEIVED
14 JAN -3 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

P. 003
FILED

2014 JAN -3 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CUSTOM CARPENTRY & CABINETS, LLC.

(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 10/08/2012 and assigned
Florida document number L12000128429

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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:

Name of New Registered Agent:

OTNIEL HERNANDEZ

New Registered Office Address:

8717 NW 117 STREET BAY 3

Enter Florida street address

HIALEAH GARDENS

Florida 33018

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

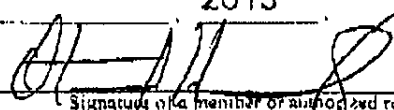
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GESIEL RODRIGUEZ	8717 NW 117 STREET BAY 3	<input type="checkbox"/> Add
		HIALEAH GARDENS, FL 33018	<input checked="" type="checkbox"/> Remove
MGRM	MARIA HERNANDEZ	8717 NW 117 STREET BAY 3	<input type="checkbox"/> Add
		HIALEAH GARDENS, FL 33018	<input checked="" type="checkbox"/> Remove
MGRM	JOEL HERNANDEZ	8717 NW 117 STREET BAY 3	<input type="checkbox"/> Add
		HIALEAH GARDENS, FL 33018	<input checked="" type="checkbox"/> Remove
MGRM	OTNIEL HERNANDEZ	8717 NW 117 STREET BAY 3	<input checked="" type="checkbox"/> Add
		HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated DEC. 26 2013

(X) 

Signature of a member or authorized representative of a member
Otniel Hernandez

Typed or printed name of signer