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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|---|---|--|---|
| SUBJECT: Kitch | hen and Bath | Remodeling L. | l. C. | |
| | Name of Lin | med Dabuny Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Tesi | e Cotelo | | |
| | | Name of Person | | |
| | Kitchen ur | od Bath Rem | odeling L.L.C. | |
| | _490 Nor | Address FL 327 City/State and Zip Code O YUhoo, Com to be used for future annual report notif | 128 | |
| | , | Address | 71, 69 | |
| | Longwood | 1 FL 3.27 | 50 | 1. |
| | | City/State and Zip Code | | = |
| | <u>loecotelo</u> | @ yahoo, com | Completions and the complete of the complete o | ; |
| | | | ication) | |
| | concerning this matter, please e | ан: | 1 | |
| Jose | Cotelo | at 1 407, 255 - | - 4431 | |
| Name (| of Person | Area Code Daytime | Telephone Number | |
| Enclosed is a check for t | he 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 | |
| MAIL | JNG ADDRESS: | STREET/COURI | ER ADDRESS: | |

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Kitchen und Bati (Name of the Limited Liability Comp (A Florida Limited | Remodeling Dany as it now appears on our records.) Thisbility Company) | L. L. C. | |
|---|--|---|---|
| The Articles of Organization for this Limited Liability Compan Florida document number <u>4 /4000/3//4</u> 4 | | | ļ |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lia Discount Cabinets L. C. The new name must be distinguishable and contain the words "Limited Liab | L. C. | or the abbreviation "L.L.C." | |
| 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) | | and assigned the abbreviation "L.L.C." the abbreviation "L.L.C." the abbreviation "L.L.C." | |
| | | | <u>i </u> |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | office address on our records, <u>ere:</u> | • | e new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | | da | |
| | (ttp | daZip 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

| MGR = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|--|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| effective date is listed, | the date must be speci- | fic and cannot be | prior to date of fil | ing or more than 9 | (optional) 0 days after tiling) | -√? Pursuant to | 605 0 |
| <u>e:</u> If the date inserte | ed in this block does | not meet the ap | plicable statuto | ry filing require | ments, this date v | vill not be l | listed |
| ament's effective da | te on the Departmer | it of State's reco | ords. | | | | |
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Page 3 of 3

Filing Fee: \$25.00