

L14000176981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

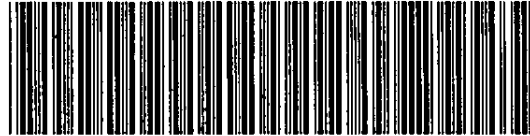
(Business Entity Name)

(Document Number)

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2016 FEB 26 P 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Cabinet Dude LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000176981

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Resigning Agent/Member

Gregg Choumard
Name of Person

The Cabinet Dude LLC
Name of Firm/Company

130 Brightview Dr
Address

Lake Mary FL 32746
City/State and Zip Code

Bthompson829@cfl.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Thompson at (407) 973-5479
Name of Person Area Code Daytime Telephone Number

Maintaining Agent/Member

Brian Thompson
The Cabinet Dude LLC

1982 S.R. 44 #308
New Smyrna Beach
FL 32168
Principle Address Now

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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

The Cabinet Dude 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 11/14/14 and assigned
Florida document number 47-2625309 LI4000176981

2016 FEB 26 P 4: 00
SECRETARY OF STATE
TAMPA, FLORIDA

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1982 SR 44 #308

(Principal office address MUST BE A STREET ADDRESS)

New Smyrna Beach FL 32168

Enter new mailing address, if applicable:

1982 SR 44 #308

(Mailing address MAY BE A POST OFFICE BOX)

New Smyrna Beach FL 32168

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:

Brian Thompson

New Registered Office Address:

1982 SR 44 #308

Enter Florida street address

New Smyrna Beach


Florida 32168

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Gregg Chouindard	130 Brightview Dr	<input type="checkbox"/> Add
		Lake Mary FL 32746	<input checked="" type="checkbox"/> Remove
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TAMPA, FLORIDA

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

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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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 2-29-16

ME

Signature of a member or authorized representative of a member

Brian E. Thompson

Typed or printed name of signee

FILED
2016 FEB 26 P 4 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA