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| (Re | equestor's Name) | |
|-------------------------|--------------------|----------------|
| (Ad | dress) | . |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | isiness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SEURETARY OF STATE

T. Beret MAR 2 6 2015

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| Distinctive SUBJECT: | ve Millwork LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspond | ondence concerning this matter | to the following: | |
| | Arthur Canter | | |
| | | Name of Person | |
| | Distinctive Millwork | LLC | |
| | | Firm/Company | |
| | 7662 NW 6th Avenu | ie | |
| | | Address | |
| | Boca Raton, FL 334 | 87 | |
| | | City/State and Zip Code | <u> </u> |
| | artie@distinctivekitch | | |
| B 6 4 1 6 1 | | to be used for future annual report notifi | cation) |
| For further information c | oncerning this matter, please co | all: | |
| Arthur Canter | | 561 997-9400 at () | |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for th | ne 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) |

MAILING ADDRESS: 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

| Distinctive Millwork LLC | | | | |
|--|---|-------------|------------|-------------|
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appears on our records.) Limited Liability Company) | | - | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on December 19, 2014 | and | assign | ed |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | | | |
| The new name must be distinguishable and end with the words "Lim | nited Liability Company," the designation "LLC" or the a | bbreviation | 1 "L.L.(| C." |
| Enter new principal offices address, if applicable: | | ⊼o | | |
| (Principal office address MUST BE A STREET ADDR | ESS) | | ⊒ ⊑ | umpung F |
| —————————————————————————————————————— | | 77 77 | EU | erusuica |
| | | 85-K | 6 | 1 |
| Enter new mailing address, if applicable: | | | 맫 | I a |
| (Mailing address MAY BE A POST OFFICE BOX) | | 10 K | Œ. | |
| | | - GATE | .7 | |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr | | the nam | e of | the nev |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Florida street address | | | |
| | Emer Frorida sireet dadress | | | |
| | , Florida | Zip Cod | | |
| | Cuy | ZIP COG | ie | |

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|---------------------------------------|-------------------|--------------------------|----------------|
| AMBR | Edward R. Coleman | 7394 San Sebastian Drive | _ ■ Add |
| | | Boca Raton, FL 33433 | □ Remove |
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| the date the | e date, if other than ve date must be specific his document is filed by larch 3 | the date of filing, cannot be prior to on the Florida Department | ng: late of receipt or tent of State) | iled date and can | not be more than | _ (optional) 90 days after |
| the date the A. | is document is filed by | the Florida Departm | 2015 | _· | | |
| the date the N | is document is filed by | the Florida Departm | 2015 | iled date and can | | |
| the date ti N | is document is filed by | Signature of a | 2015 | _· | | |

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA