



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H17000081814 3)))



H170000818143ABC/

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TAX PLACE
Account Number : I20100000011
Phone : (954) 369-4444
Fax Number : (954) 369-4446

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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2017 MAR 28 AM 11:57
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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NGM CABINETS MANUFACTURER LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

MAR 29 2017

S. YOUNG

EFFECTIVE DATE
3/28

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NGM CABINETS MANUFACTURER 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 04/23/2015 and assigned Florida document number L15000071739.

This amendment is submitted to amend the following:

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

NGM Kitchen & Bath LLC

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

Enter new principal offices address, if applicable:

3514 North Powerline Rd
Pompano Beach, FL 33064

Enter new mailing address, if applicable:

3514 North Powerline Rd
Pompano Beach, FL 33064

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- 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:

Document Number:

New Registered Office Address:

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 positions 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= Authorizes Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Units</u>	<u>Type of Action</u>
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Page 2 of 3

C. If amending any other information, enter changes(s) here: (Attach additional sheets, if necessary.)

D. Effective date, if other than the date of filing: 03/28/17

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of States)

Dated: 03/28/17

Agnaldo G Ferreira

Signature of a member or authorized representative of a member

Agnaldo G Ferreira - Manager

Typed or printed name of signee

Kleidir Junior Campos De Oliveira

Signature of a member or authorized representative of a member

Kleidir Junior Campos De Oliveira - Manager

Typed or printed name of signee

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March 27, 2017

FLORIDA DEPARTMENT OF STATE
Division of CorporationsNGM CABINETS MANUFACTURER LLC
170 EAST HILLSBORO BLVD
DEERFIELD BEACH, FL 33441SUBJECT: NGM CABINETS MANUFACTURER LLC
REF: L1500007173917 MAR 28 AM 8:21
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TALLAHASSEE, FLORIDA

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.

The effective date must be specific and cannot be prior to the date of filing.

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 IIFAX Aud. #: H17000081814
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