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COVER LETTER

Division of Corp	orations		
SUBJECT: KP	CAPO HETE Name of Lim	H S 600016 ited Liability Company	bork Llc
	amendment and fee(s) are sub		
ricase return air correspon	dence concerning this matter	to the following.	
	KRLEN	E TRUSILI. Name of Person	
		Firm/Company	DWORK HE =
		W. Beart	
	Holeah,	Floran 330' City/State and Zip Code	
	ARLEIJE TE E-mail address:	ws No 1 @ 67 HD to be used for future annual report notific	cation)
For further information con	ncerning this matter, please ca	all:	
KPLENE TE	Person	at <u>786</u> , 320	7-OLSO Telephone Number
Enclosed is a check for the	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)

TO:

Registration Section

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>U/S000/58-320</u> 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) name of the new B. If amending the registered agent and/or registered office address on our records, enter_the registered agent and/or the new registered office address here: Name of New Registered Agent: 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 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 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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
44F.	XRIENT TWILL	18010 M W 1860	t Holoah, Plandd
			□ Remove
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	tive date, if other than the date of filing: [Coptional] [Coptional]
f the red b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	01. 26
	Signature of a member or authorized representative of a member Select Trusilo Typed or printed name of signee
	KPIENE TRUSINO Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS





Detail by Entity Name

Florida Limited Liability Company

KB CABINETRY & WOODWORK LLC.

Filing Information

Document Number

L15000158320

FEI/EIN Number

NONE

Date Filed

09/17/2015

Effective Date

09/17/2015

State

FL

Status

ACTIVE

Principal Address

18010 N.W. 78TH COURT HIALEAH, FLORIDA 33015 28

Mailing Address

18010 N.W. 78TH COURT HIALEAH, FLORIDA 33015 28

Registered Agent Name & Address

TRUJILLO, ARLENE, PESIDEN 18010 NW 78 COURT HIALEAH, FL 33015

Authorized Person(s) Detail

NONE

Annual Reports

No Annual Reports Filed

Document Images

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