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SECRETARY OF STATE

Office Use Only

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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: EST Cabinetty & Finish, LLC. Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Mathieu Dorisma Name of Person |
| EST Cabinetry & FinishLLC. |
| 7800 Coral St. Hypoluxo, FC |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Mame of Person at (561) 577 23 39 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status □ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FIFTO ARTICLES OF ORGANIZATION OF 2020 DEC 29 PH 4: 08

The Articles of Organization for this Limited Liability Company were filed on 6 Florida document number <u>L 160 0000 U 353</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: New Registered Office Address:

Yew 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.

City

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> | Name | Address | Type of Action |
|--------------|------|------------------|----------------|
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| ive date, if other than the date of filing: | (optional) |
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| fective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable statu | filing or more than 90 days after filing.) Pursuant to 605.0207 itory filing requirements, this date will not be listed as |
| nent's effective date on the Department of State's records. | |
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| rd specifies a delayed effective date, but not an effective time, at 12 led. | :01 a.m. on the earlier of: (b) The 90th day after the |
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| Signature of a member or authorized repl | esentative of a member |
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