## 11000035553

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## **COVER LETTER**

SUBJECT: Gates Custom Cabinets LLC Name of Limited Liability Company
Name of Elimited Elability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard Coates Name of Person
Gates Custom Cabinety LLC Firm/Company
1407 Fred Gray Rd. Address
Jackson ville Fl. 32218  City/State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Name of Person  Area Code  Daytime Telephone Number S  P  S  E
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Scriffied Copy (additional copy is enclosed)  \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

(Name of the Limited Liability Company	(ab nets		<u>.</u>	
(A Florida Limited Lial	pility Company)			
The Articles of Organization for this Limited Liability Company we Florida document number <u>LND00025553</u>	ere filed on Feb. 5, 20	<u>ما ( د</u>	_ and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or	the abbre	viation "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)				
-	<del></del>	<del></del>		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, g	nter th	<u>e name</u>	of the new
Name of New Registered Agent:		7	<b>6</b> 2	
•		<u> </u>	919	
New Registered Office Address:	Enter Florida street address	- 100 S	<del></del>	r menuits
	, Florid	18	Zip Code	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:		101	ထ္	O
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my duties, and I vided for in Chapter 605, F.S	am fan LOr, if i	telbomp niliar wit this docu	th and ument is

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>	Address	Type of Action
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