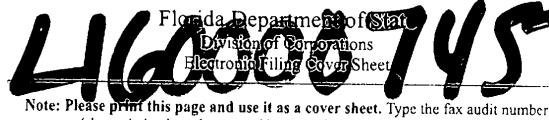
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(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055

: (407)898-1757

Fax Number : (407)897-5336

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

(OUTROL ABK CORP. COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CUSTOM CABINETRY OF WINDERMERE LLC**

Certificate of Status	0
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ge :	3	12/18/2	019	09:06	AM	TO:18506176383	FROM: 56	312934213	
						COVER LETTER	L .		
то		istration Sec ision of Corp	ction porations	;			# 2		
SUE	BJECT:	CUSTOM C	ABINET	RY OF WI	NDERM	ERE LLC	ings and 25		
				Na	me of Lin	nited Liability Company			
The	enclosed	Articles of A	.m c ndme	nt and fee(s	s) are sub	mitted for filing.			
Plea	se retum	all correspon	dence co	ncerning th	is matter	to the following:			
			JULIA	TEDESCO)				
						Name of Person			
			ACCO	UNT BOO	KKEEPI	NG CORP			
						Firm/Company			
			5301 CONROY ROAD SUITE 140						
						Address			
			ORLA	NDO, FL 3	2811				
				· · ·		City/State and Zip Code			
			CONTR	OL@ABK					
						o be used for future annual repo	ort notification)		
For fi	inher info	ormation con	cerning t	his matter, j	please ca	11:			
JULI.	A TEDES	SCO				407 898-17	757		
		Name of Po	erson	<u>-</u> -		· · · · · · · · · · · · · · · · · · ·	Daytime Telepho	one Number	
Enclo	sed is a c	heck for the f	following	amount:					
≣ \$3	25.00 Fili	ing Fce		0 Filing Feo ificate of St		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed		\$60.00 Filing Fee, Certificate of Status: & Certified Copy (additional copy is enclosed)	
	Maili-								

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

12/18/2019

3

09:06 AM

TO:18506176383 FROM:5612934213

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 127/18/2019 09:06 AM TO:18506176383 FROM:5612934213

ķΘ:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUSTOM CABINETRY OF WINDERMERE I	LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on or mited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Com			and socious
Florida document number L16000074573			_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		5-i	
		F 2019	
		### B	
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	fice address on our records,	enter the name of	the new registered
government registered office address nere:			(
Name of New Registered Agent:			
		्रास्त्र स्था स्थान	
New Registered Office Address:		2 G	
	Enter Florida street	address	
	Cit	_, Florida	· · · <u>- · · </u>
	City	2	in Code

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.

ge: 5 12/18/2019 09:06 AM TO:18506176383 FROM:5612934213

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

Title	Name	Address	Type of Action
MGR	IVELISSE LOPEZ RODRIGUEZ	10021 LOVE STORY ST	⊟ Add
		WINTER GARDEN, FL 34787	□Remove
			□Change
			□Remove
			Change
			DAdd
			□ Remove
			□ Change
			□Add
			DRemove
			□ Change
			bbA□
			PRemove
			Change
			фАdd
			□Remove
			Change

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If an effective date is listed Note: If the date insert	r than the date of filing: the date must be specific and came of in this block does not meet te on the Department of State	not be prior to date of fili the applicable statuto	(options or more than 90 days after it y filing requirements, this	Higg I Progressor to 604 0207
e record specifies a dela rd is filed.	ved effective date, but not an e	ffective time, at 12:0	a.m. on the earlier of: (b)	The 90th day after the
Dated		1/27/19		
		74T / /		
	Signature of a mem	er or alliborated represe	ntative of a member	