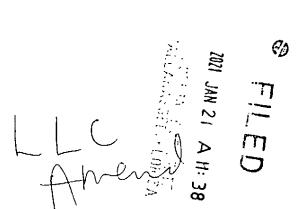
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DATE:

1/21/2021

NAME:

CROWN CABINETRY BY JACKSON BROTHERS LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Tallahassee, FL 32314

	Registration S Division of Co			
SUBJEC	CROWN (CABINETRY BY JACKSON	BROTHERS LLC	
50500		Name of Li	mited Liability Company	
The encl	osed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please re	turn all correspo	ondence concerning this matte	r to the following:	
		KERRY ANNE SCHULT	7	
			Name of Person	
		SCHULTZ LAW GROUP	P, P.L.L.C.	
			Firm/Company	
		2779 GULF BREEZE PA	RKWAY	
		 	Address	
		GULF BREEZE/ FLORII	DA/ 32563	
		KASCHULTZ@SCHULT	City/State and Zip Code	
			to be used for future annual report notification	m)
For furthe	r information c	oncerning this matter, please o	-	,
KERRY A	ANNE SCHUL	TZ	850 754160 0	
	Name o	f Person	at ()	phone Number
Enclosed:	is a check for th	ne following amount:		
᠍\$25.0	0 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 onclosed)
R	Iniling Address Legistration S Division of Co	lection	Street Address: Registration Section	
	O. Box 632		Division of Corporat The Centre of Tallah	ions assec

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CROWN CABINETRY BY JACKSON BROTHERS		
(Name of the Limited Limbility Compa- (A Florida Limited L	ny as it now appears on our records.) Inblity Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>08/26/2016</u>	and assigned
lorida document number L16000160780		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabl	lity.company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the a	obreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		= 7
		- 2
)	2
nter new mailing address, if applicable:		· > -
failing address MAY BE A POST OFFICE BOX		-
		<u>س</u>
		7 2
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the nan	ne of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	7: 0 /
	City	Zip 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.

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	ISRAEL JACSKSON	3052 GULF BREEZE PKWY	
		GULF BREEZE, FL 32563	BRemove
			□ Change
MGR	ISRAEL JACKSON	3052 GULF BREEZE PKWY	= Add
		GULF BREEZE, FL 32563	□ Remove
			Change
			□ Add
			□Remove
			Change
— —			□Add
			□Remove
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ective date, if other than the a effective date is listed, the date muster. If the date inserted in this blument's effective date on the D	st be specific and cannot be plock does not meet the ap	prior to date of filing or oplicable statutory fi	more than 90 days after filling requirements, this	ling.) Pursuant to 605.0207 (
cord specifies a delayed effectiv s filed.	e date, but not an effecti	ve time, at 12:01 a.r	n. on the earlier of: (b)	The 90th day after the
ed	2021			
				
	Signature of member or	authorized representat	ive of a member	
	The second secon			

Filing Fee: \$25.00