

L16 000 162 716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

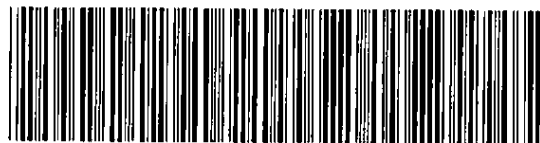
(Business Entity Name)

(Document Number)

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2023 OCT -6 AM 8:52
SECRETARY OF STATE
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caloosa Custom Cabinets, 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:

Jonathan Marcotte, Personal Representative of the Estate of Steven J. Marcotte

Name of Person

Caloosa Custom Cabinets, LLC

Firm/Company

2939 Beeville Ave

Address

North Port, Florida 34286

City/State and Zip Code

jonathan@clarity.cpa

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Marcotte

863 673-6500
at ()

Name of Person

Area Code

Daytime 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)

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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 OCT -6 AM 8:52

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Caloosa Custom Cabinets, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/30/2016 and assigned
Florida document number L16000162716

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 "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: Jonathan Marcotte

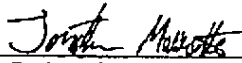
New Registered Office Address: 2939 Beeville Ave

Enter Florida street address

North Port, Florida 34286
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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Steven J. Marcotte	1299 Ivan Blvd	<input type="checkbox"/> Add
		Labelle, Florida 33935	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jonathan Marcotte, as Personal Representative of the Estate of Steven J. Marcotte	2939 Beeville Ave	<input checked="" type="checkbox"/> Add
		North Port, Florida 34286	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jonathan Marcotte, as Personal Representative of the Estate of Steven J. Marcotte	2939 Beeville Ave	<input checked="" type="checkbox"/> Add
		North Port, Florida 34286	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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OCT - 6 AM 8:52
FALL 2003

IN THE TWENTIETH JUDICIAL CIRCUIT COURT
IN AND FOR HENDRY COUNTY, FLORIDA
PROBATE DIVISION

File No. 23-CP-140

IN RE:

ESTATE OF STEVEN J. MARCOTTE

deceased

LETTERS OF ADMINISTRATION
(Single Personal Representative)

TO WHOM IT MAY CONCERN:

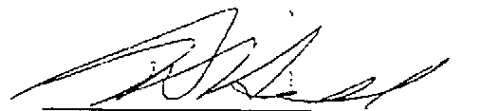
WHEREAS, STEVEN J. MARCOTTE, a resident of Hendry County, Florida, died on August 25, 2023, owning assets in the State of Florida, and

WHEREAS, JONATHAN MARCOTTE has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare JONATHAN MARCOTTE to be duly qualified under the laws of the State of Florida to act as personal representative of the estate of STEVEN J. MARCOTTE, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and law directs; and to make distribution of the estate according to law.

DONE AND ORDERED in LaBelle, Hendry County, Florida on this 28 day of

Sept 2023.



Darrell R. Hill, Acting Circuit Judge

cc: attorney of record