

L17000131874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

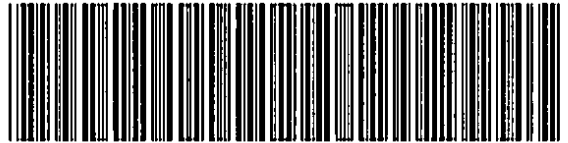
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Office of the Secretary of State

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CABINET WORX, LLC DBA GAINESVILLE KITCHEN & BATH  
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:

MICHAEL CHALFIN

Name of Person

CABINET WORX, LLC DBA GAINESVILLE KITCHEN & BATH

Firm/Company

2441 NW 43rd St, Suite 27B

Address

Gainesville, FL 32606

City/State and Zip Code

MICHAEL@GAINESVILLEKB.COM

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

For further information concerning this matter, please call:

MICHAEL CHALFIN

239 961-9333  
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

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

CABINET WORX, LLC DBA GAINESVILLE KITCHEN & BATH

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(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 6/16/17 and assigned  
Florida document number L17000131874.

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 "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)**

**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:

*Enter Florida street address*

*City*

*Florida*

*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>
MGR	MICHAEL CHALFIN	2441 NW 43rd St	<input checked="" type="checkbox"/> Add
		Suite 27B	<input type="checkbox"/> Remove
		Gainesville, FL 32606	<input type="checkbox"/> Change
AMBR	TYLER CHALFIN	2441 NW 43rd St	<input type="checkbox"/> Add
		Suite 27B	<input type="checkbox"/> Remove
		Gainesville, FL 32606	<input checked="" type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

MICHAEL CHALFIN ASSUMES 90% OWNERSHIP OF CABINET WORX, LLC AKA

GAINESVILLE KITCHEN & BATH, LLC

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TYLER CHALFIN ASSUMES THE REMAINING 10% OWNERSHIP OF THE ABOVE MENTIONED

COMPANY

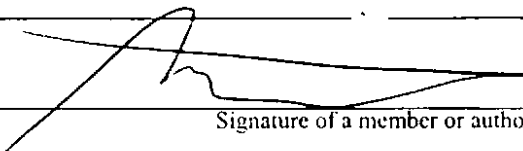
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 29TH 2021

  
Signature of a member or authorized representative of a member

Michael Chalfin

Typed or printed name of signee