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Office Use Only



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DIVISION OF CONFORMATIONS

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COVER LETTER

TO: Re Di	gistration Sectivision of Corp	tion orations						
	Creative Cab	inet & Millwork LLC						
SUBJECT:Name of Limited Liability Company								
		mendment and fee(s) are subn						
		Robert R. Lincoln						
			Name of Person					
Creative Cabinet & Millwork LLC								
		Address Bridgewater, MA 02324 City/State and Zip Code rlincoln@coneco.com						
		E-mail address: (t	o be used for future annual report notifica	ation)				
For further	information co	ncerning this matter, please ca	dl:					
Steve Bullard			239 479-7833 at ()					
	Name of	Person	Area Code Daytime T	elephone Number				
Enclosed is	s a check for the	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Creative Cabinet & Millwork LLC (Name of the Limited Liability Co	mpany as it now appears on our records.) ted Liability Company))
(A Florida Limi	ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 10/03/17	and assigned
Florida document number L17000204360		
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 I	iability 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	<u> </u>	18 18
		——————————————————————————————————————
		= ⁹⁸²
Enter new mailing address, if applicable:		8 <u>32 </u>
•		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registere- registered agent and/or the new registered office address	d office address on our records, <u>here</u> :	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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>	Address	Type of Action
AMBR	Steve Bullard	26081 Paysandu Drive Punta Gorda, FL 33963	Add
			Remove
			Change
			Add
			□ Remove
			□ Change
			Remove
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Tective date, if other than	the date of filing	:		(optiona	l)	
on effective date is listed, the date of the interest of the date inserted in the date on the cument's effective date on the control of the date on the date on the date of th	e must be specific and tis block does not m	cannot be prior to c eet the applicabl	date of filing or more e statutory filing re	than 90 days after film	e.) Pursuant to	605.020 listed a

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00