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## **COVER LETTER**

то:	Registration Se Division of Cor			
em 167		Cabinet Installation LLC		
SUBJEC	, l i	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Jeremy K McCook		
			Name of Person	
		Fitted Furniture, LLC		
			Firm/Company	
		2838 County Road 523, Ut	nit D02	
			Address	
		Wildwood, FL 34785		
		-	City/State and Zip Code	
		jeremy47652000@yahoo.co		
			to be used for future annual report notifica	ation)
For furth	ier information c	oncerning this matter, please c	all:	
Jeremy !	McCook		352 4465614	
	Name c	of Person		elephone Number
Enclosed	I is a check for t	he 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 Addres Registration		Street Address: Registration Secti	on
	Division of C		Division of Corpo	
	P.O. Box 632		The Centre of Tal	
Tallahassee, FL 32314		FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

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Closet And Cabinet Installation 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 Feb 20, 2018 Florida document number L18000044927 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Fitted Furniture, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2838 County Road 523, Unit D02 Enter new principal offices address, if applicable: Wildwood, FL 34785 (Principal office address MUST BE A STREET ADDRESS) 2838 County Road 523, Unit D02 Enter new mailing address, if applicable: Wildwood, FL 34785 (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

## 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>	Name	Address	Type of Action
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			□Remove
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