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COVER LETTER

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SUBJEC	т. (ncepts & Design, LLC			
SUBJEC	- • • -		Name of Limited	Liability Company		
The encle	osed ,	Articles of a	Amendment and fee(s) are submit	ted for filing.		
Please re	turn a	II correspo	ndence concerning this matter to	the following:		
			David Snyder			
			Cabinet Concepts & Design, I	Name of Person		
			3940 PLANTATION COVE	Firm/Company CT.		
			MILTON, FL 32583	Address	7.1	
			davidpattysnyder@gmail.com	City/State and Zip C		
For furth	er inf	ormation co	E-mail address: (to boncerning this matter, please call:	be used for future and	nual report notif	ication)
David Sr	nyder			850 at (4180323	
		Name of	Person	Area Code	Daytime	Telephone Number
Enclosed	lisad	check for th	e following amount:			
\$25.0	00 Fil	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing F Certified Cop (additional copy i	y	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registra Division P.O. Bo	ING ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	Regis Divis Clifto 2661	EET/COURII stration Section sion of Corpora on Building Executive Cer hassee, FL 323	ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cabinet Concepts & Design, ELC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C	ompany were filed on 3/22/2018 and assigned
Florida document number 82-4900671	000000480
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ned 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 ADDR	ESS)
Enter new mailing address, if applicable:	20
(Mailing address MAY BE A POST OFFICE BOX)	ew mailing address, if applicable: address MAY BE A POST OFFICE BOX) emending the registered agent and/or registered office address on our records, enter the name of the
	4
registered agent and/or the new registered office addr	••
N 6N 5 1	<u></u>
Name of New Registered Agent:	
New Registered Office Address:	
If amending the registered agent and/or registered office address on our records, enter the name of t stered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address City Zip Code Registered Agent: Signature, if changing Registered Agent: reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we	
Now Designation Assembly Company of the series Designation	
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	ind agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and sent as provided for in Chapter 605, F.S. Or, if this document is d office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Patricia Snyder	3940 Plantation Cove Ct.	
		Milton, FL 32583	■ Add
		And the same of th	□ Remove
			☐ Change
			🗖 Add
			☐ Remove
			□ Change
<u>.</u>			Add
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	tive date, if other than t		(optional)
Note:		block does not meet t	to to be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) the applicable statutory filing requirements, this date will not be listed as the stecords.
	cord specifies a delay e 90th day after the r		, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	March 13	20)19
Daica	Dulc	Ams	·
	7	Signature of a memb	per or authorized representative of a member
	David Snyder	/	

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Filing Fee: \$25.00