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PICK-UP	☐ WAII	MAIL
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Certified Copies Certificates of Status		
Special Instructions to F	ilina Offices	
Special instructions to r	lling Officer.	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor					
,		Cabinets and Installation, LL	.C			
SUBJE	Name of Limited Liability Company					
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Jeaneen Cannon				
		Newberry Cabinets and Ins	Name of Person stallation, LLC			
		230 N.W. County Road 235	Firm/Company		20	
		Newberry, FL 32669	Address		2019 FEB 25 PM 4: 04 SECRETARY OF STATE TALLANL'S SEE, FI OPHIO	APPRI FIL
		jeanneen8@aol.com	City/State and Zip Code		SSEE, F	EDONE
		E-mail address: (to be used for future annual report notif	ication)	1000 1771 18.00 19.00	
For fur	ther information c	oncerning this matter, please ca	all:		हिला 💆	
Darryl	L. Cannon		352 256-4511			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclose	ed is a check for th	he following amount:				
■ \$2 5	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

Newberry Cabinets and Installation, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L18000259965</u>	ny were filed on November 06, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	d office address on our records, ente	FILED PARTY OF STATE OF the name of the new
registered agent and/or the new registered office address	<u>nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida ,	
	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>	Name	Address	Type of Action
AMBR	Chase P. Cannon	205 NW County Road 235 Apt G3 Newherry Ft 32669	Add
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(If an eff Note:	ive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
Dated	Februar 14, 2019. Day Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member Darryl L. Cannon	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00