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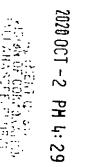
(Requestor's Name)
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## **COVER LETTER**

TO: Registration : Division of Co	Section orporations		
Magnolia SUBJECT:	Cabinet Installations, LLC		
	Name of Li	mited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are st	abmitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
	Patric A. Nutzel		
		Name of Person	<del></del>
	Magnolia Cabinet Installa	ations	
		Firm/Company	
	9025 Colby Drive #2110		
	<del></del>	Address	
	Fort Myers, FL 33919		
		City/State and Zip Code	
	magnoliainstallations@gm	ail.com	
	F-mail address:	(to be used for future annual report not	ification)
For further information of	concerning this matter, please o	call:	
Patric Nutzel		239 314-4964	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C	ornorations	Registration Sec	
P.O. Box 632		Division of Cor The Centre of T	porations allabaccee
Tallahassee, I	FL 32314		Street Suite \$10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Magnolia Cabinet Installations, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(	A Florida Limited Li	ability Company)	See P
The Articles of Organization for this Limited Lia	ability Company v	vere filed on January 28th	n, 2020 and assigned
Florida document number L200000033841	·		29
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabil	ity company here:	
N/A			
The new name must be distinguishable and contain the wo	ords "Limited Liabilit	y Company." the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A	
(Principal office address MUST BE A STREET	( ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E		N/A	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office ad s here:	dress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:	Patric A. Nutzel		
New Registered Office Address:	9025 Colby Drive		
		Enter Florida street a	uddress
	Fort Myers		Florida <sup>33919</sup>
		City	Zip Code
New Registered Agent's Signature, if changing Re	egistered 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 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

Title	<u>Name</u>	Address	Type of Action
	-10-21		□Add
			□Remove
			□Change
			□ Add
			□Remove
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an effective date is list of the date instantant	her than the date of filing ed, the date must be specific and crted in this block does not m date on the Department of So	cannot be prior to date once the applicable sta	of filing or more than 9 stutory filing require	(optional) 0 days after filing.) Pursuar ments, this date will not	nt to 605,0207 be listed as
record specifies a d is filed.	layed effective date, but not	an effective time, at	12:01 a.m. on the ear	flier of: (b) The 90th d	ay after the
	h	2020			
ated September 25	Signature of a m	NW.	presentative of a memi		