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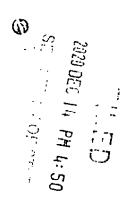
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## **COVER LETTER**

TO:	Registration Solution of Col		<b>.</b>	, •
eno na		BINETRY & MORE LLC		
SUBJE	<u></u>	Name of Lin	nited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please i	return all correspo	ondence concerning this matter	to the following:	
		KESI CASE		
			Name of Person	
			Firm/Company	<del></del> _
		4474 Weston Rd #187		
			Address	
		Weston, FL, 33331		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	ilication)
For furi	her information of	concerning this matter, please c	all:	
KESIC	CASE		954 3971376 aı()	
	Name (	of Person	Area Code Daytin	ie Telephone Number
Enclose	ed is a check for t	he following amount:		
<b>■</b> \$25	5.00 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		Street Address:	eation.
	Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

## K & K CABINETRY & MORE 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 C Florida document number <u>L20000091744</u>	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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	RESS)	
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, <u>enter th</u>	s name of themew register
agent and/or the new registered office address here:		)
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Plani	d.,
	, Florid	Zip Code
New Registered Agent's Signature, if changing Registered	d <u>Ag</u> ent:	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CASE, KESI	14200 NW 4TH STREET	□Add
		SUNRISE, FL 33325	<b>K</b> Remove
			□Change
			CJAdd
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If amending any other information	m, enter change(s) here.	1. mach tatamenta sacc	is, if necessery,
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Effective date, if other than the d If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prior to k does not meet the applical	o date of filing or more than 9 ole statutory filing require	(optional) 0 days after filing.) Pursuant to 605.0207 ments, this date will not be listed as
ne record specifies a delayed effective ord is filed.	date, but not an effective tim	ie, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after the
Dated December 10	. 2020	<u>.</u>	
<u> </u>	ignature of a member for author	A recognition of the	hy
	ignature or a anemberior admor	геа терчеменииме от а тет	IKI
KESI CASE	Lyped or printed		

Filing Fee: \$25.00