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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	stal Cabinet	& Tile LLC		
		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Steven	B. Barnes Name of Person		
	Coastal	Cabinet & Tile La	<u> </u>	
	811 Gar	den Jaks Sq.		N) =
	Seffner	/FL 33584 City/State and Zip Code nes 1.5 b 35@gmark		22 AUG 19 PM 1: 48
	bbbarr	nes 1.5 535@gmari	.com	9 P
For further information c	oncerning this matter, please c	•	cation)	1:1-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-
Steven 1	3. Barnes	at (813) 756	3 - 5760 Telephone Number	00 0 1 0
(Name o	i Person	Area Code Daytime	reiepnone Number	
Enclosed is a check for the	ne 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 Fer Certificate of Str Certified Copy (additional copy is o	atus &
Mailing Addres	Section	Street Address: Registration Sec		
Division of C	•	Division of Corp		
P.O. Box 632 Tallahassee,		The Centre of Ta 2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Cabinet	& Tile LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L200000 96701</u> .	were filed on <u>09-03-21</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabiled li		riation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	Same address on File 811 Garden oaks sq., se	<u>e</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same address on fi	
-	811 Carden oaks squset	<u> Fner, FL 335.</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name o	f the new registered
Name of New Registered Agent:		22 A
New Registered Office Address:		06 180 10 180 10 180
	Enter Florida street address , Florida	Par Par
	City	Zip Gode 1.
New Registered Agent's Signature if changing Registered Agent:		oo ∵್ಷ

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
			□Remove
			Change
			□Add
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ective date, if other that effective date is listed, the de	in the date of fi	ling:	rior to date of fil	ng or more than 9	(optional) 0 days after filing.)	Pursuant to 60	05.020
te: If the date inserted in to current's effective date on	this block does n	ot meet the ap	plicable statuto				
, directive date (in	and is opinion.		. 4				
ecord specifies a delayed ef	ffective date, but	not an effecti	e time, at 12:0	1 a.m. on the ca	rlier of: (b) The	90th day aft	er the
s filed.							
ted August	15	20	22				
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