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AUG 0 3 2020 05

S. YOUNG

TO: Registration Section Division of Corporations		
SUBJECT: New Era	Cabinetry, LLC	
	Name of Limited Liability Company	
The enclosed Articles of Amendment and	fee(s) are submitted for filing.	
Please return all correspondence concernin	ng this matter to the following:	
·		
	Mack Montalvo Name of Person	
	New fra Cabinetry, LLC Firm/Company	
37	02 Sarasota Ct. Orlando, FL 3:	<u> 281</u> 2
	City/State and Zip Code	
——————————————————————————————————————	-mail address: (to be used for future annual report notification)	_
For further information concerning this ma	atter, please call:	
Mark Montalus Name of Person	at (407) 697-1519 Area Code Daytime Telephone Nur	mber
Enclosed is a check for the following amount	ount:	
\$25.00 Filing Fee	te of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed
Mailing Address: Registration Section	Street Address: Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

New Era Cabinetry, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(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 Company were filed on April 15th, 2020 and assign Florida document number <u>L20000104156</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.
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 office address on our records, enter the name of the new agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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.

City

Zip Code

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of
AMBR	Mark Mentalvo	3702 Sarasata Ct.	□ Add
		Orlando, FL 32812	□Rem
			⊻Chan
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. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	When I filed, I listed myself incorrectly as
	a manager. I own 100% of the company so
_	need to change myself to an authorized member.
	Thank you!
_	
_	
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_	
(If an effe	ve date, if other than the date of filing:
he record ord is til	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aftered.
Dated .	6/15/2020
	Signature of a member or authorized representative of a member
	Mack Montalus
	Mark Montalvo Typed or printed name of signee