L21000217928

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COVER LETTER

SUBJECT:	Kitchen (Cabinets Factory	Outlet L.L.C
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		. Turne of 1 erson	
	4601 620	d Ave No. Address	
	Pinellas Pa	rk FL 33781	
	Se abree E-mail address: (zek: tchen des gos to be used for future annual report noti	(Gamail.com
For further information of	oncerning this matter, please c	all:	
William Name o	T. Dodson II	at (727) 253 Area Code Daytim	3-1494 te Telephone Number
SUBJECT: Kitch en Cabinets Factory Outlet L.L.C Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: William T. Dodson II Name of Person Kitchen Cabinets Factory Outlet LLC. Firm/Company 4661 62nd Ave No. Address Pinellas Park FL 33781 City/State and Zip Code Seabreezek: tchen designs @ gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William T. Dodson II Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate Copy Certificate of Status & Certificate Copy Certificate of Status & Certificate Copy Certificate of Status & Certificate Copy			
□ \$25.00 Filing Fee	-		

Mailing Address:

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

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

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

Kitchen Cabinets	Factory Outlet L.L.C.
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000217928</u>	were filed on May 10 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Sea breeze Kit The new name must be distinguishable and contain the words "Limited Liabili	chen Designs L.L.C.
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	4601 62nd Are No.
(Principal office address MUST BE A STREET ADDRESS)	4601 62nd Are No. Pinellas Park Fl 33781
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4727 30th Ave No. St. Peterslarg FL 33713
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	Idress on our records, enter the name of the new registered
Name of New Registered Agent:	<u> </u>
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 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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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an effec ote: I	e date, if other than the date of filing:
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ited _	May 21 2021. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	William T. Dodson IF Typed or printed name of signce