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COVER LETTER

TO: Registration S Division of Co				•
SUBJECT:	3 = 1 = 1	w LLC nited Liability Company		·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.		
Please return all corresp	ondence concerning this matter	to the following:		
	Trav	15 Jeror Name of Person		
		Firm [,] Company		
	7956 i	Tyde Park Ave. Address		
		Fort, FL 34287 City/State and Zip Code		
	Info @	Cabinets to Showl. com to be used for future annual report notif	cation	2021 S.C.
For further information of	concerning this matter, please c			1022 FEB 22 2022 FEB 22 SQUAY MALE
Trais J	€.Cor of Person	at (941) 284 - 65 Area Code Daytime	52 Telephone Number	PH W W
Enclosed is a check for t	he following amount:			下出 五
X \$25.00 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 Statu Certified Copy (additional copy is encl	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company with now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on	Cabinets to Show	I LLC	
Florida document number	(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new malling 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida > 122 City Code - 5	· · ·	y were filed on January 28 2	and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: Duer Florida street address Duer Florida Duer	This amendment is submitted to amend the following:		
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 BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 2	A. If amending name, enter the new name of the limited liab	bility company here:	
Enter new malling address, if applicable: (Mailling 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 registered agent and/or the new registered office address here: Name of New Registered Agent: Power Post of New Registered Office Address	The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
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 registered agent and/or the new registered office address here: Name of New Registered Agent:	Enter new principal offices address, if applicable:		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:	(Principal office address MUST BE A STREET ADDRESS)		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:	Enter new mailing address, if applicable:		
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 5 - City City City City Zip Code - 5	(Mailing address MAY BE A POST OFFICE BOX)		
New Registered Office Address: Enter Florida street address Ci Ci	agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered
Enter Florida street address Florida 5> N City City Zip Code	Name of New Registered Agent:		-11. 153
Florida S N	New Registered Office Address:		
New Registered Agent's Signature, if changing Registered Agent:		•	Zip Code
Service Control of the Control of th	New Registered Agent's Signature, if changing Registered Agent:		emanus manus (minus)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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
MGR	Travis Jeror	7956 Hyde Park Ave	MAdd
		7956 Hyde Park Ave North Fort, FL 34287	□Remove
			□Change
			□Remove
			🖸 Add
			□Remove
			Change Change
			Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			FlChange

D. If amending any other information, enter change(s) here: (Anach additional sheets, if necessary.)
When Filing the original LLC H was intended that Both
Travis Jeror and Brianna Jeror Were Both Managers This
Travis Jeror and Brianna Jeror were Both Managers This Amendment is intended to correct not having Travis Jeror
as a Manuger with Brianna Jeror
S A
-
E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated 2/18 2022
Signature of a member or authorized representative of a member
Travis Jeror Bnama Jevor Typed or printed name of signee

Filing Fee: \$25.00