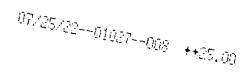


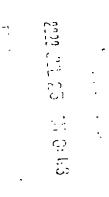
(Requ	uestor's Name)	
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(City/	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only









COVER LETTER

TO: Registration So Division of Co			·
	AN MASTERS CABINETS LI.	C	
SUBJECT:	Name of Lin	ited 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:	
	RICHARD BOLKO		
	- 1	Name of Person	-1. 25
	BOŁKO LAW		1
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	, , ,
	1825 NW CORPORATE I	BLVD, 110	:
		Address	
	BOCA RATON, FLORID	A 33431	, rè
		City/State and Zip Code	
	RICHARD@BOLKOLAW		
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please e	all:	
RICHARD BOLKO		561 609-0198	
Name (of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	ation
Registration Division of 0		Registration Sec Division of Cor	
P.O. Box 63.	•	The Centre of T	-
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company a (A Florida Limited Liab	s it now appears on our records.) lity Company)		
The Articles of Organization for this Limited Liability Company were Florida document number L22000058951	re filed on <u>02/03/2022</u>	and assigne	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
European Masters Cabinets and Doors LLC			
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or	the abbreviation "L.L.C."	11
Enter new principal offices address, if applicable:		. (%)	
		. 5	
			•
_		23 (7)	;
Enter new mailing address, if applicable:		:	
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, <u>enter the</u>	name of the new re	gistere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Floric	da Zin Code	

New Registered Agent's Signature, if changing Registered Agent:

EUROPEAN MASTERS CABINETS LLC

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>	Name	Address	Type of Action
			□Remove
			□Change
			Remove
			Change
			□ Add
			□ Řemove
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(If an effective date is his Note: If the date ins	other than the date of filing: (optional) isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 isserted in this block does not meet the applicable statutory filing requirements, this date will not be live date on the Department of State's records.	05.0207 (3)(b) sted as the
f the record specifies a decord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
Dated	2022	
	SEBASTIAN KURKIEWCZ Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
SEBAST	TIAN KURKIEWICZ	