Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190

: (844)449-3624 Phone Fax Number : (844)449-3624

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address									
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COASTAL CABINETRY EXPERTS LLC



Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

<u>S. RODIRTS</u>

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Coastal Cabinetry Experts LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number 1.22000066939		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Nula Carpentry Concepts LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	d office address on our records, g	uddress
···	Cin	_, Florida
New Registered Agent's Signature, if changing Registered	•	2.p (35.10
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and concept the obligations of my position as registered agenty filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree to act in this capacity omplete performance of my duti gent as provided for in Chapter	es, and I am familiar with and 605, F.S. Or. if this document is

If Changing Registered Agent, Signature of New Registered Agent

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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
	Market Company		□Add
		<u> </u>	□Remove
			☐ Change
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Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	specific and cannot be prior does not meet the applic	able statutory filing req	(optional) nan 90 days after filing.) Purs puirements, this date will i	uant to 605.0207 (3 not be listed as the
record specifies a delayed effective da d is filed.	te, but not an effective ti	me, at 12:01 a.m. on th	e earlier of: (b) The 90t	h day after the
Dated	2024	·		
/s/ William Taylor				
/s/ William Taylor Sign	nature of a member or author	orized representative of a	member	

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