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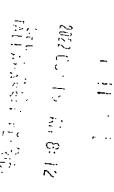
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COVER LETTER

Division of Co			$\dot{\phi}$
	ASS CABINETS WHOLESAL	E. LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GREG K. MYERS		
	**	Name of Person	
	MYERS BUSINESS SERV	VICES, INC.	
		Firm/Company	
	PO BOX 10189		
		Address	
	BROOKSVILLE, FL 3466	03-0189	
	MBSINC1979@AOL.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	ıll:	
GREG K. MYERS		352 544-0024	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sec	tion

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NETS WHOLESALE, LLC	_		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)			
The Articles of Organization for this Limited Liability Comparalorida document number $\frac{122000435032}{2000435032}$.	ny were filed on	а	ınd assiş	zned
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited lia	ability company here:			
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	e abbrevia	tion "L.L	.C."
inter 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)				
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, enter the n	ame of t	healew	regist
Name of New Registered Agent:		2	<u></u>	7
New Registered Office Address:		77), 71	7 .	; .
-	Enter Florida street address) 22: 23:	ċ	
	, Florida		No Code	<u>-</u> -
	City .	c.ij	- CONT.	

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>	Name	<u>Address</u>	Type of Action
AMBR	THOMAS P. LUST	7310 Sunshine Grove Road	
		Brooksville, FL 34613-6899	■Remove
			□Change
			□Add
	-		□Remove
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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			Remove
			□ Change

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	10/17/2022
It an ef Note:	(optional) fective date, if other than the date of filing: [cottonal] fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e record ord is fi	rd 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 led.
Dated	October 17 2022
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00