

9/11/23 11:19 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L23000311542

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000318616 3)))



H230003186163ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PARASEC
Account Number : 120180000086
Phone : (916)576-7000
Fax Number : (800)603-5868

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

Email Address: RLOPS@PARASEC.COM

RECEIVED

2023 SEP 11 PM 2:03

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOBSON CABINETRY AND TRIM LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2023 SEP 11 AM 9:42

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMMON
SEP 13 2023

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

Hobson Cabinetry and Trim LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/02/2023 and assigned Florida document number 123000111542.

This amendment is submitted to amend the following:

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 "L.L.C."

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 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

City, Florida

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 Changing Registered Agent, Signature of New Registered Agent

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

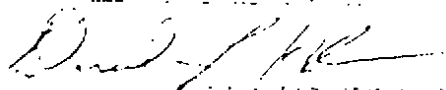
E. Effective date, if other than the date of filing: _____ (optional)

(An effective date is added if the date listed is later than the date of filing or more than 90 days after filing. Pursuant to 405.020(3)(c).

NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the corporation's effective date on the Department of State's records.

If the record were to be a delayed effective date, the new effective time is 12:01 a.m. on the day of the 90th day after the filing of the record.

Executed _____, September 11, 2023



(Signature of a Director or officer not representing a corporation)

David J. Hanson

(Print name of the individual)