L23000411289

(Requestor's Name)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE
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COVER LETTER

Division of Corp	porations			
SUBJECT:CO	binetry B Name of Ling	y Fletcher's	of Palm Bea	ch, LL
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	idence concerning this matter	to the following:		
	Rand	Name of Person	<u> </u>	
	cabinetry	By Flotcher's Firm/Company	of Palm Bouch	(LLK
	7611 Sw	Saines AVE 51	Luart F1 34199	7
	Stuart Fletcher E-mail address:	City/State and Zip Code Cabs © G. mai to be used for future annual report notif	Com SECT 283	
	recerning this matter, please co	at (S 61) 201 Area Code Daytime	999 3 21 P	er tana
Name of the Enclosed is a check for the		Area Code Daytime	Telephone Number	
₩ \$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)	

Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	tch ev s of our as it now appears on our chability Company)	F Pall	n 13 e	₽ /%	4 L.L.
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000411289</u> .	were filed on9	-1-2	023	nd assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designati	on "LLC" or th	e abbreviat	ion "L.I	C."
Enter new principal offices address, if applicable:		_	i <i>f:</i> .er:	202	
(Principal office address MUST BE A STREET ADDRESS)	e address MUST BE A STREET ADDRESS)				
				P 2	** ** *****
					• • • •
Enter new mailing address, if applicable:		. <u> </u>			ner i
(Mailing address MAY BE A POST OFFICE BOX)	_ _ :	-		1:	<i>.</i>
			t **		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records	, <u>enter the n</u>	ame of tl	<u>ie new</u>	registered
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida stree	ri address		_	
		, Florida			
	City		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

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
manger	Randall Fletcher	- 7611 Slu Gaines AVE	To Ald
		- 7611 Slu Gaines AVE Stuart Fl. 34997	□Remove
			□Change
			□Add
			□Remove
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			□Add CONTRACTOR OF THE CONTR
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fan effective Note: If the	date is listed, date inserte	than the o the date must d in this bloc te on the Dep	be specific ar ck does not	nd cannot meet th	e applica	able statu			0 days afte				
record spec d is filed.	zifies a delay	ed effective	date, but no	ot an eff	ective ti	me, at 12	:01 a.m. c	on the ea	rlier of: (b) Th	e 90th	day aft	er the
Dated	9-2	6-23		· —									
		1	IM	2	14	1							
-	·	Kan	Signature of a	£	clcs	20_		<u>. </u>					

Filing Fee: \$25.00