## 123000448623

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## **COVER LETTER**

	egistration Sec ivision of Corp			:
SUBJECT		BINETS, LLC		
SOBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspon	dence concerning this matter	to the following:	
		EDWARD J. MESLIN		
			Name of Person	
		KORTH CABINETS, LLC	:	
			Firm/Company	<del></del>
		11720 CAMP DR		
			Address	<del></del>
		DUNNELLON, FL. 34432		
		CRANBYJACK@GMAIL.	City/State and Zip Code	
		<del>=</del>	o be used for future annual report notification)	<u></u>
For further	information co	ncerning this matter, please co	all:	
TRINA LA	WRENCE		352 489-0202	
	Name of	Person	Area Code Daytime Telepho	ne Number
Enclosed is	a check for the	following amount:		
\$25.00	Filing Fee	S30.00 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)
R D P.	ailing Address egistration So ivision of Co O. Box 6327 allahassee, F	ection rporations	Street Address: Registration Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liabilit</u> (A Florida	v Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L23000448623</u>	ompany were filed on SEPTEMBER 27, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	23 OCT
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	the abbreviation "Lb.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>
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:	I office address on our records, enter the	name of the new registe
	. Floric	da
<del>-</del>	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 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
PRES	EDWARÐ J. MESLIN	11720 CAMP DR	
		DUNNELLON, FL. 34432	≅Remove
			□Change
	EDWARD J. MESLIN	11720 CAMP DR	
		DUNNELLON, FL. 34432	□Remove
		<del></del>	☐ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			Change
			□Remove
			□Change

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Effec	tive date, if other than the date of filing:
<u>Note</u>	tive date, if other than the date of filing:
he reco	ord 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 filed.
Date	10/5 . 2083.
	Signature of a member or authorized representative of a member
	EDWARD J. MESLIN

Filing Fee: \$25.00