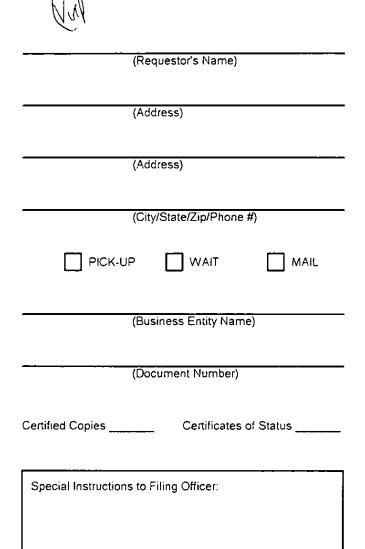
## 24000017657



Office Use Only



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## **COVER LETTER**

		stration Sec sion of Corp						
CHD IC		Pat's Superio	or Cabinets, LLC					
Name of Limited Liability Company								
The encl	osed	Articles of A	Amendment and fee(s) are sub	mitted for filing.				
			idence concerning this matter	-				
			Patrick A. Swancey					
			· · · · · · · · · · · · · · · · · · ·	Name of Person	<del></del>			
			Superior Cabinets, LLC					
				Firm/Company	<u> </u>			
			4315 W Malaluka Circle					
				Address	<del></del>			
			Citrus Springs, FL 34433					
				City/State and Zip Code				
			SuperiorCabinetsLLC@gma					
			E-mail address: (	to be used for future annual report notif	ication)			
For furth	ier int	formation co	ncerning this matter, please ca	all:				
Patrick Swancey				954 802-0700 at ( )				
Name of Person			Person		e Telephone Number			
Enclosed	f is a	check for the	: following amount:					
□ <b>\$</b> 25.	.00 Fi	ling Fec	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address:		Street Address:	tion					
Registration Section Division of Corporations				<del>-</del>	Registration Section Division of Corporations			
P.O. Box 6327			•	The Centre of T	The Centre of Tallahassee			
Tallahassee, FL 32314			L 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

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

Pat's Superior Cabinets, LLC		
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on January 08, 2024	and assigned
lorida document number L24000017657		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liah	ility company here:	
uperior Cabinets, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<del></del>	<b>202</b>
Tricipal office address WOST BE A STREET ADDRESS!	· · · · · · · · · · · · · · · · · · ·	E T
	<del></del>	25 2
		Sep 3
nter new mailing address, if applicable:		- SC
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		四至 5
		TO CONTRACT
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	Ciry	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>	Name	Address	Type of Action
			□ Add
			□Remove
			☐ Change
		<del> </del>	□Add
			□ Remove
			Change
			□ Add
			□ Remove
			□Change
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			□Remove
			□Change

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Effective	date, if o	ther than t	he date of f	iling: _				(option	al)	(00 000T (3)
Note: If t	he date in	serted in this		ot meet	the applicat				ing.) Pursuant to 6 ate will not be 1	
e record sp ed is filed.		lelayed effec	tive date, but	notan c	ffective tim	c, at 12:01 a	a.m. on the ea	rlier of: (b)	The 90th day a	fter the
Dated	Ja	tnua.R	4 19		2024	.· ^				
						///				
				MILL	V RH	w/	tative of a men			

Filing Fee: \$25.00

Typed or printed name of signee

January 8, 2024

William J. Stoney 12455 South Brierwood Pt. Floral City, FL 32636

To Whom It May Concern,

I, William J. Stoney, the former President of Superior Cabinets, Inc., hereby declare that I have no intentions of reinstating Superior Cabinets, Inc.

Thank you,

William J. Stoney



State of Florida



## Acknowledgment by Individual

County of <u>Citrus</u>	<del></del>
The foregoing instrument was acknowledged before me this	day
of January , 20 2 4 , by means of ⊠ physical presence	or  online notarization
William J. Stoney (name of person acknowledging).	
□ Personally known to me □ Produced Identification  Type of Identification Produced — Florida Driver License	
Notary signature	
Title (e.g., Notary Public) Notary	
Place Seal Here	
Arnold C Yale Jr  Notary Public, State of Florida  My Commission Expires 03/28/2027  Commission No. HH 362223	
For Bank Purposes Only Description	
Tanuary 8, 2024 Letter to When It May Concun	
Document Date Number of Pages $1/8/24$	
Signer(s) Other Than Named Above	
Account Number (if applicable)	