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## **COVER LETTER**

TO: Registration S Division of Co		:	
	net Specialist, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	honitted for filing	
	ondence concerning this matter	<del>-</del>	
	Elycia Breeden		
		Name of Person	
	Best Cabinet Specialist, L	LC	
		Firm/Company	
	816 E Pierson Dr		
	•	Address	
	Lynn Haven, Fl 32444		
	·	City/State and Zip Code	
	Nathan@cabinet-specialist.	com	
	E-mail address: (	(to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	
Elycia Breeden		850 696-8055	
Name (	of Person	Area Code Daytime Telephone Nu	ımber
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tificd Copy itional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Section	
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee	
Tallahassee,		. The Centre of Tallahassee 2415 N. Monroe Street, Sui	ite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the fo	lowing:	
A. If amending name, enter the new name	of the limited liability compan	y here:
The new name must be distinguishable and contain the	and the state of t	the decimation "LLC" on the abbreviation "LLC"
the new name must be distinguishable and contain the	words Limited Liability Company,	the designation LLC of the appreviation L.L.C.
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
	<del></del>	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·
D 76		
B. If amending the registered agent and/or agent and/or the new registered office addr	O .	ur records, enter the name of the new register
Name of New Registered Agent:	Elycia Breeden	
Name of New Registered Agent:	Elycia Breeden 816 E Pierson Dr	٠,٠
Name of New Registered Agent: New Registered Office Address:	816 E Pierson Dr	r Florida street address
	816 E Pierson Dr	<u> </u>

## 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.

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
MGR	Nathan Breeden	816 E Pierson Dr	□ Add
		Lynn Haven, Fl 32444	≣Remove
			□Add
			Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
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ffective date, if other than the an effective date is listed, the date must	be specific and cannot be prior	r to date of filing or more	(optional than 90 days after filin	g.) Pursuant to 605.020
ote: If the date inserted in this blo ocument's effective date on the De	ok does not meet the applic partment of State's records	cable statutory filing r s.	equirements, this dat	e will not be listed a
record specifies a delayed effective is filed.	date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after the
ated April 15th	2024	·		
	20			
Elepene	Signature of a member or auth	norized representative of	a member	

. . . . .