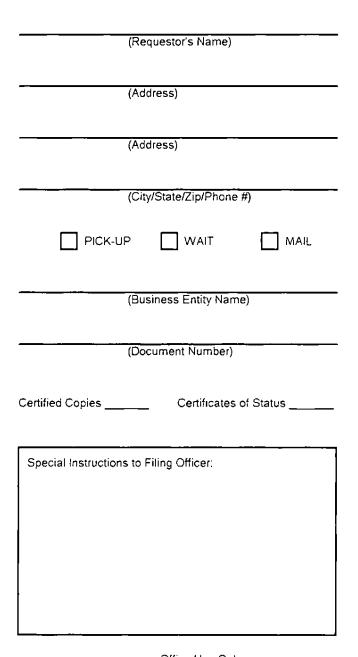
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Office Use Only





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## **COVER LETTER**

TO:

	Registration Se Division of Cor					
cup ice		ft Fine Cabinetry and Countert	ops LLC			
SUBJEC	1:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		Charles R. Bell Jr.				
			Name of Person			
		North Jax Lawn Service L	LC / Master Craft Fine Cabinetry	and Countertops LL		
Firm/Company				· <del></del>		
	8193 Helmsley Blvd.					
Address						
	Jacksonville FL 32219					
		-	City/State and Zip Code			
		northjaxlawnservice@gmai	l.com			
		E-mail address: (	to be used for future annual report not	ification)		
For furthe	r information c	oncerning this matter, please c	all:			
Charles I	Bell		904 477-3153 at ( )			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	0 Filing Fce	☐ \$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)		
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection		
Division of Corporations			Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee. FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Master Craft Fine Cabinetry and Countertops LLC

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

\_. Florida \_\_

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
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		<del></del>	□Add
		<del> </del>	□ Remove
			☐ Change
			🗀 Add
			□ Remove
			□Change

**C **********************************	t be entering the cabinet business but will instead engage in the lawn service business effective at the tin	
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<del></del>		
-		
in effective date is ote: If the date	f other than the date of filing:	0207 d as
ecord specifies is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
	A / 2024	
May 5th	Md. Gen 1.	

Filing Fee: \$25.00