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| Special Instructions to Fi | ling Officer: | |
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RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

| New Beginnings Cabinetry LLC | |
|--|--------------------------------|
| | |
| Please Debit FCA000000003 For: 25 | |
| Thank you Seth Neeley | |
| 140/ | Art of Inc. File |
| The state of the s | LTD Partnership File |
| | Foreign Corp. File |
| | L.C. File |
| | |
| | Fictitious Name File |
| | Trade/Service Mark |
| | Merger File |
| | Art. of Amend. File |
| | RA Resignation |
| | Dissolution / Withdrawal |
| | Annual Report / Reinstatement |
| | Cert. Copy |
| | Phulo Copy |
| | Certificate of Good Standing |
| | Certificate of Status |
| | Certificate of Fictitious Name |
| | Corp Record Search |
| | Officer Search |
| | Fictitious Search |
| Signature | Fictitious Owner Search |
| | Vehicle Search |
| | Driving Record |
| Requested by: | UCC 1 or 3 File |
| Name Date Time | UCC 11 Search |
| Name Date Time | UCC 11 Retrieval |
| Walk-In Will Pick Up | Courier |

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



New Beginnings Cabinetry LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company | were filed on 07/09/2024 and assigned | |
|--|--|--|
| Florida document number <u>L24000300170</u> | | |
| 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 Liabi | lity Company," the designation "L.L.C." or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 1978 S. Tamiami Trail, Suite 7 | |
| (Principal office address MUST BE A STREET ADDRESS) | Venice, PL 34293 | |
| | | |
| Enter new mailing address, if applicable: | 1978 S. Tamiami Trail, Suite 7 | |
| (Mailing address MAY BE A POST OFFICE BOX) | Venice, FL 34293 | |
| | | |
| | | |
| B. If amending the registered agent and/or registered office a | address on our records, <u>enter</u> the name of the new register | |
| 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 name of the new register</u> | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, enter the name of the new register | |
| agent and/or the new registered office address here: | address on our records, <u>enter the name of the new register</u> | |
| | address on our records, enter the name of the new register | |
| Name of New 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 |
|-----------------------------|------------------------|---------------------------------------|----------------|
| AMBR | David Friessen | 51098 Wolleyville Line | □Add |
| | | Aylmer, ON, N5H 2R1, Canada | ≣ Remove |
| | | | □Change |
| AMBR Lisa Friessen | Lisa Friessen | 51098 Wolleyville Line | □Add |
| | | Aylmer, ON, N5H 2R1, Canada | ■Remove |
| | | · · · · · · · · · · · · · · · · · · · | □Change |
| AMBR David Friessen Martens | David Friessen Martens | 51098 Wolleyville Line | = Add |
| | | Aylmer, ON, N5H 2R1, Canada | □Remove |
| | | · · · · · · · · · · · · · · · · · · · | Change |
| AMBR Elizabeth Friessen | Elizabeth Friessen | 51098 Wolleyville Line | = Add |
| | | Aylmer, ON, N5H 2R1, Canada | □Remove |
| | | | □Change |
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| an etle <u>ote:</u> | ve date, if other than the date of filing: |
| K.um | ent's effective date on the Department of State's records. |
| ecord is file | I 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 |
| ated _ | November 7th 2024 Donal France |
| | \mathcal{O} \mathcal{O} |
| | Land Fring |
| | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00