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2024 HOV 26 PN 4: 28

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
	m Cabinets LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Maria I. Perez		
		Name of Person	. .
	Ideal Custom Cabinets LL	C	
		Firm/Company	
	3 Randall Place		
		Address	
	Palm Coast, Florida 32164	ı	
	-	City/State and Zip Code	
	idealcustom98@yahoo.com		······································
For further information c	ti-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	meation)
Maria I. Perez	,	386 264-9342	
	f Person	at () Area Code Daytin	ne Telephone Number
		·	·
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$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		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited liberal Articles of Organization for this Limited liberal L24000484225	Nov. 15, 2024 and assigned	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	20 21
(Principal office address MUST BE A STRE	ET ADDRESS)	24 V 26 V
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	22	
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	records, enter the name of the new regis
Name of New Registered Agent:	Eduardo D Perez	
New Registered Office Address:	3 Randall Place	
		lorida street address
	Palm Coast	Florida 32164 Zip Code
	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 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	Eduardo D Perez	3 Randall Place, Palm Coast, Florida 32164	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: Nov. 21.2024 (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the rd is filed. Nov. 21, 2024 When the date of a membey or authorized representative of a member o	-	
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