

L25000193051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

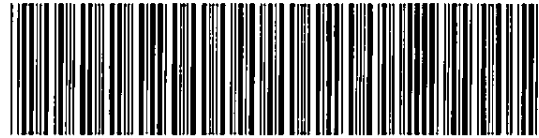
(Document Number)

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J. HORNE
SEP - 8 2025

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2025 SEP - 5 PM 2:26

2025 SEP - 5 PM 12:27

CAPITAL CONNECTION, INC.

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

SCHRAPPER'S FINE CABINETRY & DESIGN LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley

- ____ Art of Inc. File _____
- ____ 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 _____
- ____ Photo Copy _____
- ____ Certificate of Good Standing _____
- ____ Certificate of Status _____
- ____ Certificate of Fictitious Name _____
- ____ Corp Record Search _____
- ____ Officer Search _____
- ____ Fictitious Search _____
- ____ Fictitious Owner Search _____
- ____ Vehicle Search _____
- ____ Driving Record _____
- ____ UCC 1 or 3 File _____
- ____ UCC 11 Search _____
- ____ UCC 11 Retrieval _____
- ____ Courier _____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jacques Matt 2025 Acquisitions LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Smith

Name of Person

Jacques Matt 2025 Acquisitions LLC

Firm/Company

240 W. Indiantown Rd STE 101

Address

Jupiter, FL 33458

City/State and Zip Code

james@schrappers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Smith

561 510-5519

at () _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Jacques Matt 2025 Acquisitions LLC

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

2025 SEP 10 10:27

The Articles of Organization for this Limited Liability Company were filed on 5/1/2025 and assigned
Florida document number 1.25000193057.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Schrapp's Fine Cabinetry & Design LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

240 W. Indiantown Road, Suite 101

(Principal office address MUST BE A STREET ADDRESS)

Jupiter, FL 33458

Enter new mailing address, if applicable:

240 W. Indiantown Road, Suite 101

(Mailing address MAY BE A POST OFFICE BOX)

Jupiter, FL 33458

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

240 W. Indiantown Road, Suite 101

Enter Florida street address

Jupiter

City

Florida 33458

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.

/S/

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	James Smith	240 W. Indiantown Road, Suite 101	☐ Add
		Jupiter, FL 33458	☐ Remove
			☒ Change
AMBR	Jana Smith	240 W. Indiantown Road, Suite 101	☐ Add
		Jupiter, FL 33458	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

James Smith's phone number has changed to 561-510-5519.

Jana Smith's phone number has changed to 561-510-5610.

Please change all addresses to 240, W. Indiantown Road, Suite 101, Jupiter, FL 33458.

Please change the legal name of the LLC to Schrappier's Fine Cabinetry & Design LLC

E. Effective date, if other than the date of filing: 8/20/2025 (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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

9/5/25

/s/

James Smith

Signature of a member or authorized representative of a member

James Smith

Typed or printed name of signee