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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

[mail	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MASTER WOODCRAFT CABINETRY, L.L.C.

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MAR 0 8 2024 T. LEMIEUX

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

t. Name of limited liability Company as it appears on the records of the Florida Department of
State: MASTER WOODCRAFT CABINETRY, L.L.C
Enter new principal office address, if applicable:
(Principal office address  MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
2. The Florida document number of this limited liability company is: M03000001309
3. Jurisdiction of its organization: TX
4. Date authorized to do business in Florida: 03/17/2008
SECTION II (5-9 complete only the applicable changes)
SECTION II (5-9 complete only the applicable changes)  5. New name of the limited liability company:  Cabinetworks Group Multi-Unit, LLC  (must contain "Limited Liability Company, ""LLC," or "ELC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered officer 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:  Enter Florida Street Address
City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:  Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

		vacity in accordance with 605,0902 (1 xe), indicate that	·	
Fitle/ Capacity			Type of Action	
Manager	Matt Alexander	232 N MARSHALL INDUSTRIAL AVE	□Add	
		MARSHALL, TX 75670		
VP	Lisa Pressler	232 N MARSHALL INDUSTRIAL AVE	□Add	
		MARSHALL, TX 75670	⊠Remov	
TEO	John Barkhouse	20000 Victor Parkway	&Add	
		Livonia, MI 48152	DRemov	
Manager	Joe Durham	20000 Victor Parkway	⊠Add	
		Livonia, MI 48152	□Remov	
ecretary	Marla Zwus	20000 Victor Parkway	Ndd	
		Livonia, MI 48152	□Remov	
aforemention	ned amendment(s), duly authority ander the law/yr which this entity		- SANSHOV	
ز.	Sign Maria Zwas Scorenny	nuire of the authorized representative		

Corporations Section P O Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on December 18, 2023, Master WoodCraft Cabinetry, L.L.C., a Domestic Limited Liability Company (LLC) (file number 800881397), changed its name to Cabinetworks Group Multi-Unit, LLC.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 20, 2024.



Phone: (512) 463-5555

Prepared by: Tabitha Vyoral

Jave Belson

Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services

Decument: 1334378610003