



State of Rhode Island
Department of State - Business Services Division

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Amendment to Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-52 the undersigned foreign limited liability company hereby amends its Application for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: 001660889	2. The name of the limited liability company is: Master WoodCraft Cabinetry, L.L.C.
3. If the entity's name is changing, state the new name: Cabinetworks Group Multi-Unit, LLC Check the box to indicate no change	
3a. The entity's name, if different, under which it proposed to register and transact business in Rhode Island is:	
4. If the period of duration has changed in the home state, complete the following section: CHECK ONE BOX ONLY Perpetual (on-going) Date certain for dissolution _____ Check the box to indicate no change <input checked="" type="checkbox"/>	
5. If the required address of the office to be maintained in the state or country of its organization has changed, complete the following section: Check the box to indicate no change <input checked="" type="checkbox"/>	
6. If the mailing address is changing complete the following section: 20000 Victor Parkway Livonia, MI 48152 Check the box to indicate no change	
7. If the entity's purpose is changing complete the following section: <i>"The new purpose should include ALL activity to be transacted in the State of Rhode Island."</i> Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input checked="" type="checkbox"/>	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY TARX
KJ

8. If the management structure has changed, complete the following section:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

its member(s) (If you have checked this box, skip to Section 9. DO NOT fill out the chart on the next page.)

One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.)

MANAGER	ADDRESS
Joe Durham	20000 Victor Parkway Livonia, MI 48152
John Barkhouse	20000 Victor Parkway Livonia, MI 48152
Tim Barnhart	20000 Victor Parkway Livonia, MI 48152
Robert Brobeil	20000 Victor Parkway Livonia, MI 48152

Check the box to indicate no change

9. As required by RIGL ~~7-16-67~~, the limited liability company has paid all fees and taxes.

10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.

11. Date when this Amendment to the Application for Registration will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Limited Liability Company	Date
Cabinetworks Group Multi-Unit, LLC	4/10/2024

Signature of Authorized Person 

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 451 - Revised: 12/2023



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 11, 2024 01:08 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

