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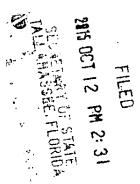
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	P12000049626	NETS, INC	
The enclosed Articles	of Amendment and fee are su	Ihmitted for filing	
	spondence concerning this ma	•	
	HENRIQUEZ DUARTE, A	-	
	OFFICE OFFICE OF	Name of Contact Perso	n
	GENESIS CABINETS, INC	<b>3</b>	
		Firm/ Company	_
	17883 E COLONIAL DR.		
	·	Address	
	Orlando, FL 32820		
		City/ State and Zip Cod	e
dial	an_dk@hotmail.com		
<del></del>		to be used for future annua	report notification)
	D-man address.	to be asea for fature aimai	report notification)
For further information	concerning this matter, pleas	se call:	
Alan Henriquez Dua	rte	407 at (	480-9675
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED

	of	21 2.31
GENESIS CABINETS, INC	VI	2015 OCT 12 PM 2: 31
(Name of Corporation as curre	ently filed with the Florida Dept. of S	tate) ON HE AND STARIDA
P12000049626		tate) SEUNITATION STATE TALLAMASSISE, FLORIDA
(Document Num	ber of Corporation (if known)	
ursuant to the provisions of section 607.1006, acorporation:	Florida Statutes, this corporation ado	pts the following amendment(s) to its Article
. If amending name, enter the new name of	the corporation:	
		The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation or "chartered," "professional association,"	"Corp," "Inc," or "Co". A profession	or "incorporated" or the abbreviation onal corporation name must contain the
s. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
		<del></del>
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>	LE BOX)	
. If amending the registered agent and/or r	egistered office address in Florida, e	nter the name of the
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
The state of Arms (Annual Section 18 allows and	Desistant Assets	
ew Registered Agent's Signature, if changir hereby accept the appointment as registered a		e obligations of the position.
Signatur	e of New Registered Agent, if changing	<del></del>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	D	Yovany F Henriquez Duarte	17883 E COLONIAL DR.
xx Add			Orlando, FL 32820
Remove			
2) Change		_	_
Add			
Remove			
3) Change		<del>-</del>	·
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	Attach additional streets of	itional Articles, enter change(s) here:
ovisions for implementing the amendment if not contained in the amendment itself:	Attaen aaattional sheets, if i	necessary). (De specific)
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(if not applicable, indicate N/A)		
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The date of each amendment(s) adop	otion:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	<u> </u>
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	red by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	d by the board of directors without shareholder action and shareholder  d by the incorporators without shareholder action and shareholder	
action was not required.	•	
10/9/2015		
Dated	HD'	_
selected, b	stor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
Ala	an F Henriquez Duarte	
	(Typed or printed name of person signing)	
Pro	esident	
	(Title of person signing)	_