P00000072121

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JUL 1 4 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KEANES CUSTO	M CABINETS, INC.				
DOCUMENT NUMBER: P00000072121					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
EITHNE KEANE					
	Name of Contact Person				
KEANES CUSTOM CABINETS, INC.					
	Firm/ Company				
6850 LYONS TECHNOLOGY CIRCLE					
	Address				
COCONUT CREEK, FL 330	073				
•	City/ State and Zip Code	, <u></u> ,			
EKEANE@CALDEVELOPMEN	г.сом				
E-mail address: (to be us	sed for future annual report i	notification)			
For further information concerning this matter, plea:	se rall:				
To raise mornation concerning this matter, press	ne can.				
EITHNE KEANE	at (at (213-3926 le & Daytime Telephone Number			
Name of Contact Person	Area Cod	le & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division Clifton	Address nent Section n of Corporations Building secutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	. C. 1 (4) (b) [1] D = 4 - 6 (4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	
P00000072121	ly filed with the Florida Dept. of State)	
	of Corporation (if known)	<u></u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
KEANE ARCHITECTURAL WOODWORK, INC.		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation "B. Enter new principal office address, if applicable:	"Co". A professional corporation name must	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	6850 LYONS TECHNOLOGY CIRCLE	10 To
	COCONUT CREEK, FL 33073	955 -9 555 -9
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		PH I: 5
	6850 LYONS TECHNOLOGY CIRCLE	নুল ক
	COCONUT CREEK, FL 33073	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
N/A Name of New Registered Agent		_
N/A		_
Name of New Registered Agent N/A (Florida str	reet address)	_
Name of New Registered Agent N/A	, Florida	

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 <math>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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) N/A Change	N/A	N/A	N/A
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
VA.	

	7/1/15	
The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
7/1/1 Effective date if applicable:	5	
Effective date in applicable:	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date weartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ador by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	
	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	rector, 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 diduciary by that fiduciary)	
_	PATRICK KEANE	
_	(Typed or printed name of person signing)	
	PRESIDENT	
_	(Title of person signing)	