PO10000 60731

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MASTERPIECE C	CABINETRY INC				
DOCUMENT NUM	BER: P01000060731	<u>-</u> . •				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
l'fease return all corre	spondence concerning this ma	tter to the following.				
	ROBERT J VOLINSKY					
		Name of Contact Person				
	MASTERPIECE CABINET	RY				
		Firm Company				
	686 S YONGE ST					
		Address				
	ORMOND BEACH, FL 321	74				
		City State and Zip Cod	c			
ROI	BERTV@MASTERPIECECA	BINETRY.COM				
		sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
ROBERT J VOLINS	SKY	386 ar (212-9724			
Name	of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check to	or the following amount made	payable to the Florida Depa	urtment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filling Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy (is enclosed)			
An	ifling Address aendment Section	Street Address Amendment Section				
	asion of Corporations), Box 6327	Division of Corporations Clifton Building				
	lahassee, FL 32314	2661 Executive Center Circle				
		Lallahassee, 11, 32301				

Articles of Amendment to Articles of Incorporation of

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• •

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P01000060731	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporati Corp " "Inc." or Co - or the designation "Corp " Inc. or word chartered," professional association, or the abbreviation	on company or incorporated or the abbreviation 'Co A professional corporation name must contain the
·	N A
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable:	N/A
(Muiling address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent N/A	nr 🖺 W Na ra m
	<u>ω</u>
d tocida s	treat addressy
New Registered Office Address:	Florida
	a to Zipt'odaes
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian	
Signature of New	Registered Agent if changing

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, CEO. Chief Financial Officer. If an officer director holds more than one tule 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>	<u>Iohn Doe</u>	
X Remove	$\overline{\Sigma}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Fitle</u>	Name	Address
Li Change	VPD	WAYNE T DUBOIS	19 ACCLAIM at LIONS PAW
Add			DAYTONA BEACH, FL 32124
X Remove			
2) X Change	PVD	ROBERT VOLINSKY	200 GREENBRIAR AVE
Add		-	ORMOND BEACH, FL 32174
Remove			
3) Change			
Add			
Remove			<u>-</u>
4) Change	····		23
Add			
Remove			0 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
57 Change			,
Add			
Remove			
Zi Chara			
6) Change Add			
Remove			

(Attach additional sheets, if necessary) — (Be specific)	
N/A	
	
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	ن ب
provisions for implementing the amendment if not contained in the amendment itself:	1 20
(if not applicable, indicate N A)	
RÓBERT VOLINSKY IS 100% SHAREHÖLDER	
	遠遠
	>
	

The date of each amendment(s)	RAY 31ST, 2019	, if other than the
date this document was signed.	200 pront.	
A Effective date <u>if applicable</u> :	UGUST 1ST, 2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this dat Department of State's records	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was were a by the shareholders was were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	1
	pproved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s)	ના
"The number of votes ca	st for the amendment(s) was were sufficient for approval	
b\	(voting group)	
	(voting group)	
The amendment(s) was were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10-21-19 Dated		
	Robert Volinsky director, president or other officer of directors or officers have not been	
selec	director, president or other officer of directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other countried fiduciary by that fiduciary)	-
	ROBERT J VOLINSKY	••
	(Typed or printed name of person signing)	
	PD	
	(Title of person signing)	<u> </u>
		<u>≥</u> :∏
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