

PO2000036680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

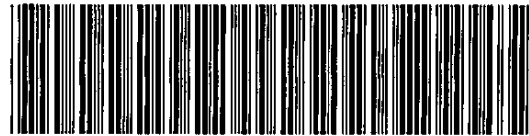
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected date of adoption + adoption of amendment by telephone call TR 10/11/06

Office Use Only



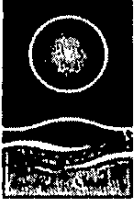
500080380725

10/06/06--01046--017 **35.00

Amend

FILED
06 OCT 10 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts OCT 11 2006



Work Comp Associates, Inc.

Florida's Premier Source for Workers' Compensation Coverage & Information

October 4, 2006

Sent via: USPS Regular Mail

...
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Cabinet Encounters,

To Whom It May Concern

I have enclosed an Articles of Amendment form to add Elizabeth Price as an officer. Her title with the company is secretary. I have also enclosed the required \$35 filing fee. Please process this application accordingly.

If you have any questions or problems with this registration form, please contact the owner.
Thank you very much!

Respectfully,

Elissa A Lucchese
Customer Service Manager

e-mail address: EAL@WorkCompAssoc.com

EAL : kmc

cc:

Attachments: Check # 5508
Registration Form

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Arredare Enterprises, Inc.

DOCUMENT NUMBER: P02000036680

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANK TORTORIELLO
(Name of Contact Person)

CABINET ENCOUNTERS
(Firm/ Company)

14239 U S HWY ONE
(Address)

JUNO BEACH, FLA 33408
(City/ State and Zip Code)

For further information concerning this matter, please call:

FRANK TORTORIELLO at (561) 627 4996
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
06 OCT 16 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Arredare Enterprises, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

P02000036680

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

ADD ELIZABETH ^{Price} AS SECRETARY

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 1-1-06

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

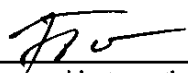
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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).

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature 
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

FRANK TORTOMELLO
(Typed or printed name of person signing)

SECRETARY
(Title of person signing)

FILING FEE: \$35