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COVER LETTER

TO: Amendment Section Division of Corporations

A

NAME OF CORPORA	TION: JONY'S	Inmwork, inc	
DOCUMENT NUMBE		•	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
 	Knowles PO Bo Wwwah	Name of Contact Person Cabine Lough Firm/ Company X 10 2 Address 1+CUCA, 71 32 City/ State and Zip Cod 3 6 Mail Contact Person	rimularly, Troc
-	E-mail address: (to be us	sed for future annual report	notification)
For further information c	oncerning this matter, pleas	se call:	
Name of	Contact Person	at (<u>SST)</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he 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)
<u>Mailir</u>	g Address	Street	Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment

	to Articles of Inc	ornoration		
·	of		17 .77 17	
1004'5	Trimulark. In		* .	
(Name	Irimwork, Inc e of Corporation as currentle	y filed with the	Florida Dept. of S	tate)
P0300	(1) 1373			
	(Document Number of	Corporation (if	known)	
Pursuant to the provisions of section 60 its Articles of Incorporation:	17.1006, Florida Statutes, this	Florida Profit C	Corporation adopts	the following amendment(s) to
A. If amending name, enter the new	name of the corporation:			
Knowles Ca	binetry & Trimu	ork inc		The new
name must be distinguishable and co "Corp.," "Inc.," or Co.," or the desi- word "chartered," "professional assoc	ontain the Word "corporation gnation "Corp," "Inc," or "	n," "company," Co", A profess	" or "incorporated	l" or the abbreviation
B. Enter new principal office address, if applicable	s, if applicable:	226	Nichols Ri	sad
(Principal office address <u>MUST BE A</u>	<u>STREET ADDRESS</u>)		ahitchica,	
		<u> </u>		·
C. Enter new mailing address, if ap (Mailing address MAY BE A POS	plicable:	P0 1	Brx 112	
(Mutang dualess MAT DE A 1 00	<u> </u>	Wewahitchica, Il 32/65		10 32465
			<u> </u>	
D. If amending the registered agent new registered agent and/or the r			enter the name of	<u>tne</u>
Name of New Registered Ager	11			
		 		
	(Florida str	eet address)		
New Registered Office Addres	<u>s</u> :	(City)	, Flor	rida (Zip Code)
		ICON		(Alp Coac)
New Registered Agent's Signature, it			and the second	6
I hereby accept the appointment as reg	usierea agent. I am familiar v	wun and accept	ine obligations of th	пе роѕшоп.

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; 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.

Example: X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	ρ	Robert A. Knowles	PO BOX102
Add			Wewahitedea 9. 32405
Remove			
2) Change	7	Derek A. Knowles	PO BOX 102
Add			Www. tchca, fl 32465
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articl (Attach additional sheets, if necessary).	
	
	
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	and the second second second second second
provisions for implementing the amen	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A) Robert A. Knowle	6 (10°h
•	40%
Derek A Knowles	
Terri R. Knowles	10°b
Hex T. Knowles	/ <i>D_</i> %
 	

The date of each amendment(s) adoption: 7/10/17 date this document was signed.	_, if other than the
Effective date if applicable: I mond de les of the same date of the same d	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted 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.	
Dated7/10/17	
Signature Physical Resident 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)	
(Typed or printed name of person signing)	
Secretary	
(Title of person signing)	