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COVER LETTER

TO: Amendment Section Division of Cornorations

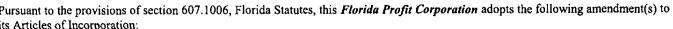
Division of Corporations					
NAME OF CORPORATION: JPA CABI	NETRY INC				
DOCUMENT NUMBER: P030001271	38				
The enclosed Articles of Amendment and fee are sub	mitted for filing.				
Please return all correspondence concerning this matt	er to the following:				
NOEL BROWN					
Name of Contact Person NTB SERVICES LLC					
1080 KNOTTY PINE AVE					
NORTH PORT,FL 34288					
City/ State and Zip Code					
NTBSERVICESLLC@GMAIL.COM					
E-mail address: (to be use	ed for future annual report	notification)			
For further information concerning this matter, please	e call:				
NOEL BROWN	_{at (} 941	408-4179			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	rtment of State:			
■ S35 Filing Fee □S43.75 Filing Fee & Certificate of Status	□S43.75 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	Street Address Amendment Section Division of Corporations				

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation** of

JPA CABINETRY INC

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



(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following ame its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreve "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) WINTER GARDEN, FL 34787	00127138			
A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreva "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: 14284 VISTA DEL LAGO BLVD	(Document Number of Corporation (if known)			
The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreve "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: 14284 VISTA DEL LAGO BLVD		the following amendment		
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreve "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: 14284 VISTA DEL LAGO BLVD	nding name, enter the new name of the corporation:	The new		
B. Enter new principal office address, if applicable: 14284 VISTA DEL LAGO BLVD	"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation	d" or the abbreviation		
	14284 VISTA DEL LAG			
		34787		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	egistered agent and/or the new registered office address:	<u>the</u>		
Name of New Registered Agent	ame of New Registered Agent			
(Florida street address)	(Florida street address)			
New Registered Office Address:, Florida	'ew Registered Office Address:, Florida			
(City) (Zip Code)	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing	ccept the appointment as registered agent. I am familiar with and accept the obligations of t	the position.		

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>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add Remove			
3) Change			
Add Remove			
4) Change			
Add			
Remove			
5) Change			
Remove			
6) Change			
Add			

ttach additional sheets, if necessary).	cles, enter change (Be specific)	-		
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an amendment provides for an exch rovisions for implementing the ame	ange, reclassifica	<u>tion, or cancell</u> tained in the ar	ation of issued s nendment itself	<u>hares,</u>
rovisions for unbicinenting the ame				-
(if not applicable, indicate N/A)	-			
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(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
· · · · · · · · · · · · · · · · · · ·	/03/2014	
Enterier date il applicatie:	(no more than 90 days after amendment file date)	Anno-Pentr
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
'The number of votes cust	t for the amendment(s) was/were sufficient for approval	
by		
	tvoting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated_06/03/2	014	
Dated	And Continued an	
	1 Augare	
Signature X	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator — if in the hands of a receiver, trustee, or other court	
	ned fiduciary by that fiduciary)	
	KARL ANSORGE	
	(Typed or printed name of person signing)	
	PRESIDENT / DIRECTOR - JPA CABINETRY INC	
	(Title of person signing)	