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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: K&D Countertops &	& More, Inc.			
	BER: P03000133409				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Carolyn A Sierk, CPA				
	Name of Contact Person				
	Sierk & Associates, PA				
	Firm/ Company				
	11490 Okeechobee Blvd #5				
		Address			
	Royal Palm Beach, Florida 31	3411			
		City/ State and Zip Code	e		
	sierkepa@aol.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
Carolyn A Sierk		at (791-0645		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	irtment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

K&D Countertops & More, Inc.				
(<u>Name</u> (of Corporation as curren	tly filed with the Florida Dept. of State)		
P03000133409				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the follow	ring amer	ndment(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,"	Torp," "Inc," or "Co".	"company," or "incorporated" or the abbrevia A professional corporation name must cont ."	ition "Co	rp., "
B. Enter new principal office address.			2	
(Principal office address MUST BE A S	TREET ADDRESS)		200	
			•	**********
			<u> </u>	1
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)			(T) (五:	
(Maning and Ess SAME DE METODE)	OTTICE BOTT		က္	
			<u></u>	
D. If amending the registered agent ar	ıd/or registered office ad	dress in Florida, enter the name of the		
new registered agent and/or the new				
Name of New Registered Agent	Kenny Badgley			
	15324 Key Lime Blvd			
	tFlorida s	treet address)		
New Registered Office Address:	Loxahatchee	. Florida 33470	ı	
N. B. ANGERS CH. STREET THREE CO.			p Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Ager tered agent. I am familiar	<u>11:</u> r with and accept the obligations of the position	1.	
/	Signature of Moun	Registered Agent, if changing		
/	Signature of New	regimerea agem, y enunging		
Check if applicable				

The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Danielle Badgley	15324 Key Lime Blvd
X Add			Loxahatchee, FI
Remove			33470
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>addi</i>	or adding additional Artificial sheets, if necessary).	(Be specific)			
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f an amen	lment provides for an excl	iange, reclassifica	tion, or cancellati	on of issued shares	L
provisions ((Coxy	for implementing the ame applicable, indicate N/A)	<u>ndment if not con</u>	tained in the ame	endment itself:	
(i) ma	appricant, maicaic (971)				
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The date of each amendment(s)	adoption:	, if other than the
	1/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	<i>ie)</i>
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requiremed Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the a sufficient for approval.	mendment(s)
	pproved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amendm	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
Dated		
seleg	director, president or other officer – if directors or officers have led, by an incorporator – if in the hands of a receiver, trustee, of inted fiduciary by that fiduciary)	
	Kenny Badgley	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	