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P. 1

COVER LETTER

Division of Corporations	
NAME OF CORPORATION: St S Cabinetry + Irum, In	ر
DOCUMENT NUMBER: 103000 1522 a 3	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
3 cott Schlewitz	
Name of Contact Person	
515 Capinetry & Irim, lne.	
Firm/ Company	
1185 Parker Rd	
Likla 71, 238,11	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Knisty Keller 118633937029	
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee \$\begin{array}{c} \$\\$43.75 Filing Fee & \text{ \$\subseteq \$\\$43.75 Filing Fee & Certificate of Status } \text{ \$\subseteq \$\\$43.75 Filing Fee & Certificate of Status } \$\subseteq \$\\$Certified Copy & Certified Copy & Certif	

Mailing Address

TO: Amendment Section

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

FILED

17 SEP 27 AM 10:00

(Name of Corporation as currently filed with the Blotida Bept of State)]] (計算人					
P 0 3 00	0152293				
(Document Number of	f Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendmen its Articles of Incorporation:					
A. If amending name, enter the new name of the corporation:		The new			
name must be distinguishable and contain the word "corporation" Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "eword "chartered," "professional association," or the abbreviation "	Co". A professional corporation	ed or the abbreviation			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1185 Parl LKIO, 71	1: 33811			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		U I			
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		of the			
Name of New Registered Agent OVOV CFlorida str	<i>f</i> , .	} 225(1)			
New Registered Office Address:	T [orida O O O O O O O O O O O O O O O O O O O			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		the position			
Maria C. Keikey	and decept the obligations by				

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.

X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	Time Austin f	
Add	obbical	LK101,71.338/
Remove		
2) Change	Timorgan	Kelley 1185 Partier 20
•		LAM 11/10/2011
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) ad	option:	, if other than t
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dapartment of State's records.	te will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	s)
	roved by the shareholders through voting groups. The following statemed each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by X	••	
37	(voting group)	
The amendment(s) was/were ado	pted by the board of directors without shareholder action and shareholde	er
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	23:11	
Signature	Actor, president or other officer - if directors or officers have not been	
selecte	by an incorporator – if in the hands of a receiver, trustee, or other cour	1
аррбия	ed fiduciary by that fiduciary)	
	Scott Sonlewitz	
	(Typed or printed name of person signing)	
	ountel President	/

(Title of person signing)