## P040000889959

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL .			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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SECRETARY OF STATE
SECRETARY OF FLORIDA

T. Reberts MAR 2 9 2007



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2007

MARITZA A. MILLER C & M CABINET DESIGN, INC. 14025 S.W. 143RD CT #32 MIAMI, FL 33156

SUBJECT: C & M CABINET DESIGN, INC

Ref. Number: P04000088959

We have received your document for C & M CABINET DESIGN, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 607A00017643

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>C 3 M</u>	cabinet Desi	Sut zue.			
DOCUMENT NUMBER: PO 40000	88959				
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this n	matter to the following:				
Maritza (Name of C	COBCCTG Contact Person)				
C3H Cabinet Design , 200.					
C 3 H Cabinet Design , 200.  (Firm/Company)  10560 Sw. 160 d.  (Address)					
Micami IFI (City/ State	33196 and Zip Code)	 1887 			
For further information concerning this matter, ple	ease call:	,			
Marita Cabrera (Name of Contact Person)	at ( 307 ) 3/0- (Area Code & Daytime Tele	ephone Number)			
Enclosed is a check for the following amount:					
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times\$ 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)			
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

FILED

to
Articles of Incorporation
of

07 MAR 28 PM 4: 30

SECRETARY OF STATE

TALLAHASSEE, FLORIDA
(Name of corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently fried with the Piorida Dept. of State)
POY000088979
(Document number of corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> dopts the following amendment(s) to its Articles of Incorporation:
EW CORPORATE NAME (if changing):
CUSTON Made Cabinet Design, Toc.  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."
MENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(snd/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
·
· · · · · · · · · · · · · · · · · · ·
(Attach additional pages if necessary)
f an amendment provides for exchange, reclassification, or cancellation of issued shares, provision implementing the amendment if not contained in the amendment itself: (if not applicable, indicate or implementing the amendment if not contained in the amendment itself: (if not applicable, indicate or implementing the amendment if not contained in the amendment itself: (if not applicable, indicate or implementation).

(continued)

The date of each amendmen	t(s) adoption:	3-22-07	
Effective date if applicable:	3-22-	-07	_
<del></del>	(no more than 90 days af	ter amendment file date)	
Adoption of Amendment(s)	(CHECK ONE	Ð	
The amendment(s) the amendment(s) t	was/were approved by by the shareholders wa	the shareholders. The s/were sufficient for a	e number of votes cast for approval.
	t must be separately pr		ough voting groups. The g group entitled to vote
"The number of	f votes cast for the ame	endment(s) was/were	sufficient for approval by
	(voting group)	<del></del>	
	was/were adopted by t tion was not required.	the board of directors	without shareholder action
The amendment(s) shareholder action		the incorporators with	out shareholder action and
selec	(Typed or print	tin the hands of a receiver, ciary)  +29 Cabro ted name of person signing	trustee, or other court
<del></del>	(Title	ce preside e of person signing)	/ 11

FILING FEE: \$35