PO500003567

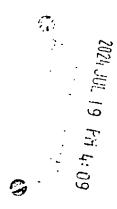
(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: MARKS CABINE	ETRY SERVICES INC.		
	MBER: P05000003567			
	les of Amendment and fee are su	bmitted for filing.		
Please return all co	respondence concerning this ma	atter to the following:		
	Sam J. Saad III			
		Name of Contact Persor	1	
	Law Office of Sam J. Saad II	II		
		Firm/ Company		
	2670 Airport Rd S			
		Address		
	Naples, FL 34112			
		City/ State and Zip Code	2	
	mark@mescabinets.net			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informa	tion concerning this matter, plea	se call:		
Sam Saad		at (9631635	
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
А D Р	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

	١	.1A	RKS	SCA	\B	IN	ET	RY	SER	VICES	INC
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MARKS CADINETICE SERVICES INC.	
 	tly filed with the Florida Dept. of State)
P05000003567	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendments
A. If amending name, enter the new name of the corporation:	
McNeill Holdings, Inc.	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	2305 Sagramore Place
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Cape Coral, FL 33914
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2305 Sagramore Place 229 Cape Coral, Fl. 33914
	Cape Coral, Fl. 33914
	19
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>ss:</u> : 0
Name of New Registered Agent	
	_
(Florida s	arect address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	it:
потему ассерстве арранитет из гезимства адени. Тат затина	with and accept the obligations of the position,
Signature of New I	Registered Agent, if changing
Check if applicable	
лисск и аррисание	

☐ The amendment(s) is/are 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 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	PT	John Do	<u>ec</u>	
\underline{X} Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	VP	_	Dawn McNeill	
Add				
X Remove				
2)Change	Secreta	r -	Dawn McNeill	
Add				
X Remove 3) Change	_	_		
Add				<u> </u>
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
	_	
<u> </u>		
		
		
<u>f an amendment provides for an exch</u>	ange, reclassification, or cancellatio	n of issued shares,
provisions for implementing the ame	idment if not contained in the amen	dment itself:
126 . 11 14 1 11 12		
(if not applicable, indicate NA)		
(if not applicable, indicate NA)		
(if not applicable, indicate NA)		
(if not applicable, indicate NA)		
(if not applicable, indicate N/A)		
(if not applicable, indicate NA)		
(if not applicable, indicate NA)		
(if not applicable, indicate NA)		
(if not applicable, indicate NA)		
(if not applicable, indicate NA)		
(if not applicable, indicate NA)		
(if not applicable, indicate NA)		

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The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement partment 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 add action was not required.	pted by the incorporators, or board of directors without share	eholder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the a flicient for approval.	imendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda.	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	117/2024	
אל המשלו Signature	rvull	
(By a di selected	rector, president or other officer – if directors or officers hav I, by an incorporator – if in the hands of a receiver, trustee, of ed fiduciary by that fiduciary)	
	Mark McNeill	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	