05000025026

(Requestor's Name)	
(Address)	000224178
(Address)	000221170
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	03/12/12010060
(Business Entity Name)	
(Document Number)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
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Special Instructions to Filing Officer:	
	Amend
	2//~/

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MD Cabine	ets Inc		
DOCUMENT NUMBE		P050000250)26	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
		Aida E Reye	es	
		Name of Contact I	Person	
		MD Cabinets	s Inc	;
		Firm/ Compar	ny	
		65 West 37th	ST	
_		Address		
	Hialeah FL 33012			2
		City/ State and Zip	Code	
	mdmva	angel22@yah	100.0	com
	E-mail address: (to be us	~ ~.		
For further information of	concerning this matter, pleas	se call:		
Aida E Reyes		at (305	;	525-7328
Name of	Contact Person	Are	ea Code	& Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida	Depart	tment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>M</u> ailir	ng Address	<u>S</u> (treet A	ddress
Amend	Iment Section	Amendment Section		
	on of Corporations	Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				
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Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

MD Cabinets, Inc.

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

P05000025026

(Document Number of Corporation (if known)

clowing amendment(s) to

	N/A		
must be distinguishable and cont v.," "Inc.," or Co.," or the designa "chartered," "professional associat	ation "Corp," "Inc," or	on," "company," or "incorporated" "Co". A professional corporation n "P.A."	" or the name mus
Inter new principal office address, if applicable:		604 West 27th St	
ipal office address <u>MUST BE A</u> ST		Hialeah FL 33010	
nter new mailing address, if applicable:		65 West 37th ST	
failing address MAY BE A POST O	OFFICE BOX)	ob west 3/th 51	
Mailing address <u>MAY BE A POST (</u>	OFFICE BOX)	Hialeah FL 33012	
amending the registered agent and w registered agent and/or the new	d/or registered office ad	Hialeah FL 33012	<u>he</u>
amending the registered agent and w registered agent and/or the new	d/or registered office ad registered office addre Aida E Reyes	Hialeah FL 33012 Iress in Florida, enter the name of the si	<u>he</u>
amending the registered agent and w registered agent and/or the new	d/or registered office advegistered office addressed Aida E Reyes 65 West 37th S	Hialeah FL 33012 Iress in Florida, enter the name of the size of	
amending the registered agent and w registered agent and/or the new Name of New Registered Agent	d/or registered office advegistered office addressed Aida E Reyes 65 West 37th S	Hialeah FL 33012 Iress in Florida, enter the name of the second	

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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change X Add Remove	Р	AIDA E REYES	65 West 37th ST Hialeah FL 33012
2) Change	VP	RENE DELGADO	65 West 37th ST Hialeah FL 33012
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	······		

	NI/A	
	N/A	
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amendment provides for an	n exchange, reclassification, or cancellation of issued shares	
amendment provides for an visions for implementing the (if not applicable, indicate N	e amendment if not contained in the amendment itself:	
visions for implementing the	e amendment if not contained in the amendment itself:	
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visions for implementing the	ne amendment if not contained in the amendment itself:	

The date of each amendment(s) ad	option: March 07, 2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	for the amendment(s) was/were sufficient for approval
_{by} Aida E Reyes	"
~	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated_03/07/2	Didahlys -
(By a dir selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Aida E Reyes
-	(Typed or printed name of person signing)
	President
-	(Title of person signing)