P05 000

124 958

Office Use Only



100396320381

11/63/20--01007--007 **05.0



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: NORBERTO KIT	CHEN CABINET, CORP				
DOCUMENT NUME	BER:					
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following:				
	MARISELA MELCON					
		Name of Contact Person	1			
	M&G PROFESSIONAL SERVICES, INC					
		Firm/ Company				
	8040 NW 95TH ST SUITE 109					
		Address				
	HIALEAH GARDENS, FL 33016					
		City/ State and Zip Cod	e			
	6 (0) 11 (1)					
mgpr	ofsvc@bellsouth.net					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
MARISELA MELCO	N	at (<u>305</u>	556-7380			
Name (of Contact Person		de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:			
\$35 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)			
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 to Articles of Incorporation of



NORBERTO KITCHEN CABINET, CORP

(Name of Corporation as currently f	iled with the Florida Dept. of State)
P05000124958	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.,	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
tFlorida street	address)
New Registered Office Address:	, Florida
ϵC	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg	istered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nat 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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of eacheld 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. 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 C 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)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	D	NORBERTO D LEON-MENENDEZ	710 W 29TH WAY APT 101
Add			HIALEAH, FL 33018
Remove			
2) Change	P	YUNIER NAVARRO MUNOZ	17120 SW 155TH CT
X Add			MIAMI, FL 33187
Remove			
3) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Change			
6) Change			
Add Remove			
Kemove			

(Attach ac	ling or adding additional Articles, enter change(s) nere: dditional sheets, if necessary). (Be specific)
If an am	endment provides for an exchange, reclassification, or cancellation of issued shares,
provisio (if r	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate NA)
-	
_	

The date of each amendment(s) adoption:	, if other
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be liste-
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s must be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required.	eholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehol action was not required.	der
10/28/2022	
Signature Treef	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
NORBERTO D LEON MENENDEZ	
(Typed or printed name of person signing)	
D	
(Title of person signing)	

. . . .