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SECRETARY OF STATE
ALLAHASSEE, FINANCE

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TAMPA B	DAY CABINETS, INC.	
DOCUMENT NUMBER: PO60000	77767	·
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
JEFFREY A. Son (Name of C	Contact Person)	
TAMPA BAY CABINE	Company)	
1608 CAMED Crest	LANE ddress)	
VALEICO FC. 3 (City/ State	33594 and Zip Code)	
For further information concerning this matter, ple	ease call:	
Name of Contact Person)	at ( <u>813</u> ) <u>781-94</u> (Area Code & Daytime Teleph	
Enclosed is a check for the following amount:	•	
\$35 Filing Fee \$\sum \text{\$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

FILED

06 JUL 31 PM 2: 28

SECRETARY OF STATE
JALLAHASSEE, FLORIDA

of	? איז י
TAMPA BAY CABINETS, INC. SECRETAR TALLAHASS	Y OF ST
(Name of corporation as currently filed with the Florida Dept. of State)	
POGODO 77767 (Document number of corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	ı
NEW CORPORATE NAME (if changing):	
(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	- .")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number (and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	(s)
I JEFFREY A. SMITH PRESIDENT OF TAMPA BAY CASIM	VETS,
INC, 100% IS ASKING TO BE USTED WITH THE	
DEPARTMENT OF STATE, DIVISION OF CORPOLATIONS. I AM	_
SEXULG WOLKER COMPONETION EXEMPTION.	-
	_
	_
	_
	_
(Attach additional pages if necessary)	_
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provising for implementing the amendment if not contained in the amendment itself: (if not applicable, indicated to the contained in the amendment itself: (if not applicable, indicated to the contained in the amendment itself: (if not applicable, indicated to the contained in the amendment itself: (if not applicable, indicated to the contained in the amendment itself: (if not applicable, indicated to the contained in the amendment itself: (if not applicable, indicated to the contained in the amendment itself: (if not applicable, indicated to the contained to the contained in the amendment itself: (if not applicable, indicated to the contained to the conta	ions e N/A)

(continued)

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes sist for the amendment(s) was/were sufficient for approval by (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appropriate fiduciary by that fiduciary)
(Typed of printed name of person signing)
TRESIDENT (Title of person signing)

FILING FEE: \$35