

Florida Department of State
 Division of Corporations
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POT00031479

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To:
 Division of Corporations
 Fax Number : (850)617-6380

From:
 Account Name : INDEPENDENT TAX SERVICES PLUS CORP.
 Account Number : I20020000072
 Phone : (305)887-0001
 Fax Number : (305)884-6444

2021 SEP -1 PM 3:10

DIVISION OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: chdoorscabinets@gmail.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
 A & H CLOSET AND KITCHEN INSTALLATIONS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

SEP 02 2021
S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A & H CLOSET AND KITCHEN INSTALLATIONS CORP

DOCUMENT NUMBER: P07000031479

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANTOS GUILARTE ALVAREZ
Name of Contact Person

Firm/ Company

14350 SW 140 ST STE102
Address

MIAMI FL 33186
City/ State and Zip Code

AHDOORSCABINETS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANTOS GUILARTE ALVAREZ at (786) 762-6971
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

A & H CLOSET AND KITCHEN INSTALLATIONS CORP

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

P07000031479

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
*(Principal office address **MUST BE A STREET ADDRESS**)*

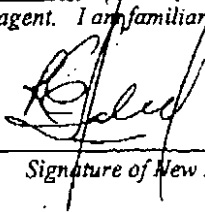
C. Enter new mailing address, if applicable:
*(Mailing address **MAY BE A POST OFFICE BOX**)*

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent RAUL E JALED MARCHU
14350 SW 140 ST
(Florida street address)
New Registered Office Address: MIAMI, Florida 33186
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>SANTOS GUILARTE ALVAREZ</u>	<u>14350 SW 140 ST</u>
<input type="checkbox"/> Add			<u>SUITE 102</u>
<input checked="" type="checkbox"/> Remove			<u>MIAMI FL 33186</u>
2) <input type="checkbox"/> Change	<u>TR</u>	<u>LOURDES JIMENEZ ARMADA</u>	<u>14350 SW 140 ST</u>
<input type="checkbox"/> Add			<u>SUITE 102</u>
<input checked="" type="checkbox"/> Remove			<u>MIAMI FL 33186</u>
3) <input type="checkbox"/> Change	<u>VP</u>	<u>RAUL E JALED MACHU</u>	<u>14350 SW 140 ST</u>
<input type="checkbox"/> Add			<u>SUITE 102</u>
<input type="checkbox"/> Remove			<u>MIAMI FL 33186</u>
4) <input checked="" type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>P</u>	<u>RAUL E JALED MACHU</u>	<u>14350 SW 140 ST</u>
<input checked="" type="checkbox"/> Add			<u>SUITE 102</u>
<input type="checkbox"/> Remove			<u>MIAMI FL 33186</u>
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

Sep. 1. 2021 12:00PM

No. 021413 P. 6123

The date of each amendment(s) adoption: 8/31/2021, if other than the date this document was signed.

Effective date if applicable: 8/31/2021
(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, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted 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 cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

Dated _____

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 appointed fiduciary by that fiduciary)

RAUL E JALED MARCHU

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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