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(Document Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations

A Commence of the Commence of

NAME OF CORPO	ORATION: Rainbow Cabinets	, Inc.		
	1BER: P09000013204			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Mark S. Allin			
		Name of Contact Person		
	Michigan Avenue Bridge, In-	c .		
		Firm/ Company	_	
	4690 NE 35th Street			
	Address			
	Ocala, FL 34479			
	City/ State and Zip Code			
	estimator@rainbowcabinets.	com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
Carlene Griner		at (352) 236-4044 de & Daytime Telephone Number	
Name	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	ertment of State;	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee I, Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Rainbow Cabinets, Inc.		
(Name of Corporation as curren	itly filed with the Florida Dept. o	of State)
P09000013204		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adop	ots the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
No Name Needed, 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 nam	the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A	~3
(Principal office address MUST BE A STREET ADDRESS)		2024
	n	
C. Enter new mailing address, if applicable:		SX 2 m
(Mailing address MAY BE A POST OFFICE BOX)	N/A	<u> </u>
		E.F.
		1 Ei 0
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		of the
N/A	<u>35.</u>	
Name of New Registered Agent		
(Florida s	street address)	
New Registered Office Address:		Florida(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	nt:	
I hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of	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.

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
	<u>sv</u>	Sally Sn		
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add		_		
Remove				•••
5) Change				
Add		_		
Remove				
6) Change				
Add		_		
Remove				

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	<u>cles, enter change(s) here:</u> (Be specific)
N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1477	
	
	
- 	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
	<u> </u>

The data of each amandman	December 4, 2024	, if other than the
The date of each amendment date this document was signed		, if other than the
Effective date <u>if applicable</u> :	December 4, 2024	
	(no more than 90 days after amendment fil	e date)
	his block does not meet the applicable statutory filing required the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wes action was not required.	re adopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the sufficient for approval.	the amendment(s)
	re approved by the shareholders through voting groups. The ford for each voting group entitled to vote separately on the ame	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Decei Dated Signature	Nai Ju Brisse	
SG	y a director, president or other officer – if directors or officers elected, by an incorporator – if in the hands of a receiver, trust epointed fiduciary by that fiduciary)	
	Marilyn Busse	
	(Typed or printed name of person signing)	
	Incorporator	
	(Title of person signing)	