## P09000028428

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Kitchen Design Str	adios, Inc.		
DOCUMENT NUM	P09000028428			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Adam V. Geary			
		Name of Contact Person	ı	
	Kitchen Design Studios. Inc.			
	· · · · · ·	Firm/ Company		
	6120 NW 138th Terrace			
		Address	_	
	Gainesville, FL 32653			
		City/ State and Zip Code	:	
	AdamG@KitchenDesignStud	dios.net		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Adam V. Geary		at ( 352	871-5740 ) de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Kitchen Design Studios, Inc.		
	irrently filed with the Florida De	pt. of State)
P09000028428		
(Document Nur	mber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation :	adopts the following amendment(s) t
A. If amending name, enter the new name of the corporati	on:	
		The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered." "professional association," or the abbreviation	o". A professional corporation	" or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	)	4
		<u> </u>
		14 6
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(muning duaress <u>MAT BL AT OST OFFICE BOX)</u>		12
		<u></u>
		<del></del>
D. If amending the registered agent and/or registered offic	ce address in Florida, enter the na	ame of the
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent		
(Flo	rida street address)	<del></del>
New Registered Office Address:		, Florida
THE THE SHIP CHANGES.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai		ons of the position.
<u> </u>	New Registered Ayent, if changing	
Signature of	ivew Kegisterea Agent, ij 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)

Example:

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.

X Change	PT	John Doe	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	T	Izabel Luisa Geary	6120 NW 138th Terrace
X Add			Gainesville, FL 32653
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Ar (Attach additional sheets, if necessary).	. (Be specific)			
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				, <u></u>
If an amendment provides for an exc provisions for implementing the am	change, reclassifie	ation, or cancellat	tion of issued share	<u>.s.</u>
(if not applicable, indicate N/A)	ienament ii not co	mameu in the all	enament itseg.	
				•,-

• •

	09/18/2024	
The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
enective date <u>il applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	ı
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	st
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
10-14-2024 Dated	<u>.</u>	
Signature	dam V. Degrees	
(By a di selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Adam V. Geary	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	