P090000 45667

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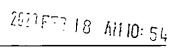
MAR 1 0 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JP CABINE	ET CREATIONS, INC					
DOCUMENT NUMBER: P09000045667						
The enclosed Articles of Amendment and fee	e are submitted for filing.					
Please return all correspondence concerning	this matter to the following:					
JOHN D PALACIO						
	Name of Contact Pe	erson				
JP CABINET CREA	JP CABINET CREATIONS, LLC					
	Firm/ Company	;				
2255 SW SALMON	RD					
	Address					
PORT ST LUCIE, FI	L 34953					
	City/ State and Zip	Code				
jpcabinetcreations@	gmail.com					
E-mail address: (to be used for future annual re	port notification)				
For further information concerning this matte	er, please call:					
JOHN D PALACIO	. 772	626-2385				
Name of Contact Person	at (Area) a Code & Daytime Telephone Number				
Enclosed is a check for the following amount		,				
■ \$35 Filing Fee □\$43.75 Filing F Certificate of St	——————————————————————————————————————	Certificate of Status				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	An Di ^v Th 24	reet Address nendment Section vision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite 810 Ilahassee, FL 32303				

Articles of Amendment ŧo Articles of Incorporation of



JP CABINET CREATIONS, INC

(<u>Name</u>)	<u>of Corporation as currently</u>	<u>filed with the Florida D</u>	ept. of State)
P09000045667			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Iorida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	Corp," "Inc," or "Co". A		
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	IKEET ADDKESS)		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
(Maning address SALL DE M. 1 OUT	<u> </u>		
D. If amending the registered agent ar	nd/or registered office addr	ess in Florida, enter the	name of the
new registered agent and/or the ne			
Name of New Registered Agent	JOHN D PALACIO		
	2255 SW SALMON RD		
	(Florida stre	et address)	
New Registered Office Address:	PORT ST LUCIE		. Florida
New Registered Office Address.		City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the phligat	ions of the position
r nevery accept the appointment as regist	erea agem. Tam jamana n	un ana accept the obligat	ions of the position.
	4		
	Short		18.
	Signature of New Re	gistered Agent, if changin	g

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	PT	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP		PALACIO, JOHN M	2255 SW SALMON RD
Add				PORT ST LUCIE, FL 34953
X Remove	VP	r	PALACIO ANA M	2255 SW SALMON RD
2) Change X Add		_		PORT ST LUCIE, FL 349653
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

(Attach <i>additiond</i> A	ıl sheets, if necessar	y). (Be specific)				
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lf an amendmei	nt provides for an e	xchange, reclassific	cation, or cancell	ation of issued sh	iares.	
provisions for	implementing the a	imendment if not co	ontained in the a	mendment itself:		
	icable, indicate N/A)				
4						_
	<u></u>					

	FEBRUARY 10, 2020	
The date of each amendment(s) addate this document was signed.	loption:	, if other than the
FE8	RUARY 10, 2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fi	ile date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requ partment of State's records.	irements, this date 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 ficient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The geach voting group entitled to vote separately on the am	
	for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
02/10/2020)	
Dated		
Signature	rector, prysident of ther officer - if directors or officer	rs have not been
selected	by an incorporator – if in the hands of a receiver, trus ed fiduciary by that fiduciary)	tee, or other court
	JOHN D PALACIO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·