## P090005/729

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SECRETARY OF STATE
TALLAHASSEE, FINATE



## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: OFNESIS KITCHEN OF BATH IND
DOCUMENT NUMBER: P09000551129
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MANUEL E. MANDERO  Name of Contact Person
Firm/ Company
11386 N.W. & 3. Way Address
DORAL, FL 33118  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Manual EMALICAU at (186) 286-8515  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 \$\times \text{ \$43.75 Filing Fee & Certificate of Status}\$\$ Certified Copy (Additional copy is enclosed) \$\text{ \$Certified Copy (Additional Copy is enclosed)}}\$\$
Mailing Address Amendment Section Division of Corporations P.O. Box 6327  Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment**

to, Articles of Incorporation

	of	**	100 G. 1
GENESIS KITCHE		)	
(Name of Corporation as cur		a Dent. of State)	
P090000517		<u>"Depti of State</u> )	200
(Document Nu	imber of Corporation (if known	wn)	— `975.
suant to the provisions of section 607.10endment(s) to its Articles of Incorporation:		orida Profit Corpoi	ration adopts the follo
If amending name, enter the new name	of the corporation:		
ne must be distinguishable and contain previation "Corp.," "Inc.," or Co.," or th ne must contain the word "chartered," "pr	ne designation "Corp," "Inc	," or "Co". A proj	fessional corporation
Enter new principal office address, if apincipal office address <u>MUST BE A STRE</u>			
incipal office address MUST BE A STRE	<u>ET ADDRESS</u> ) e:		<del></del>
	<u>ET ADDRESS</u> ) e:		
incipal office address MUST BE A STRE	<u>ET ADDRESS</u> ) e:		
ncipal office address <u>MUST BE A STRE</u> <u>Enter new mailing address, if applicable</u> (Mailing address <u>MAY BE A POST OFF</u> )	<u>e:</u> ICE BOX)		
incipal office address MUST BE A STRE	e: ICE BOX)  registered office address in	ı Florida, enter the	name of the
incipal office address MUST BE A STRE	e: ICE BOX)  registered office address in	ı Florida, enter the	name of the
incipal office address MUST BE A STREA  Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)  If amending the registered agent and/or new registered agent and/or the new reg	e: ICE BOX)  registered office address in	ı Florida, enter the	name of the
incipal office address MUST BE A STREA  Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)  If amending the registered agent and/or new registered agent and/or the new reg	e: ICE BOX)  registered office address in		name of the
Enter new mailing address, if applicable (Mailing address MAYBE A POST OFF)  If amending the registered agent and/or new registered agent and/or the new reg	e: ICE BOX)  registered office address in distered office address:	ddress)	name of the

Signature of New Registered Agent, if changing

## 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)

Title PT	Name RUTH E. MANNERO	Address 1825 W. 44 Feb.	Type of Action  Add Remove
D.T.	Manve / EMANNEN	11386 NW83Wey	Add — /
	ing or adding additional Articles, enter ditional sheets, if necessary). (Be specif		
	·		
provision	endment provides for an exchange, reclass for implementing the amendment if not applicable, indicate N/A)		

The date of each amendment(s)	adoption: 8/19/05
	(dyle of adoption is required)
Effective date <u>if applicable</u> : (n	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or 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	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(vo	oting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
Dated Signature	<u> </u>
(By a d selected	irector, president or other officer – if directors or officers have not been it, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	MANUEL E MARKERO
_	(Typed or printed name of person signing)
_	(Title of person signing)