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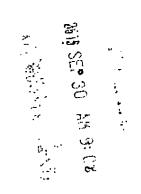
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COVER LETTER

SC 30 My 9. CB TO: Amendment Section Division of Corporations NAME OF CORPORATION: 3 STARS KITCHEN CABINETS CORP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **NELSON MONZON** Name of Contact Person 3 STARS KITCHEN CABINETS CORP Firm/ Company 529 W 28 ST Address HIALEAH FL 33010 City/ State and Zip Code INFO@ACCOUNTAXGROUP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 285 7147

Area Code & Daytime Telephone Number **NELSON MONZON** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & ■ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, Fl. 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment Articles of Incorporation of

(Name o	Corporation as currently	filed with the Florida Dept. of State)	<u>ئ</u> ک
P12000025251			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1 as Articles of Incorporation:	006, Florida Statutes, this F	Torida Profit Corporation adopts the fo	ollowing amendme
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ation "Corp," "Inc," or "C	lo". A professional corporation name	
B. Enter new principal office address, i Principal office address <u>MUST BE A ST</u>		523-529 W 28 ST HIALEAH FL 330)10
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		N/A	<u>_</u>
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
D. If amending the registered agent an new registered agent and/or the new			
new registered agent and/or the new	registered office address:		
new registered agent and/or the new	registered office address: N/A		

Page 1 of 4

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)

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 Doe	È	
X Remove	<u>V</u>	Mike Jor	nes	
_X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
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 of	or adding additional Art	icles, enter change	(s) here:			
	onal sheets, if necessary).	(Be specific)				
N/A						
			····			
	- ·					
				· · · · ·	·	
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r. <u>II an amenum</u> provisions fo	nent provides for an excl or implementing the ame	ndment if not con	tained in the am	<u>non of issued sna</u> endment itself:	res,	
(if not ap	pplicable, indicate N/A)					
N/A						
						
						
				<u></u>		
					-	
		-				

The date of each amendment(s) date this document was signed.	adoption:	, if other than th
. 09	9/24/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as th
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 amenda sufficient for approval.	nent(s)
	pproved by the shareholders through voting groups. The following stoor each voting group entitled to vote separately on the amendment(s)	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and share	holder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and sharehold	er
09/24/20	19	
Dated		
Signature /		
(By a	director, president or other officer - if directors or officers have not l	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	court
	NELSON MONZON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	