01300049401

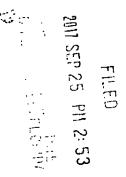
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filtra Office
Special Instructions to Filing Officer:

Office Use Only



600303582656

09/25/17--01038--022 ++35.00



C. GOLDEN SEP 2 6 2017.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: $\underline{\underline{\hspace{1cm}}}^{\text{BA}}$	TISTA CABINETS INC	
DOCUMENT NUMBER: P13000)49467	_
The enclosed Articles of Amendmen	t and fee are submitted for filing	ığ.
Please return all correspondence cor	cerning this matter to the follow	ving:
ROMAN BA	ΓISTA	
	Name of Con	ntact Person
BATISTA C.	ABINETS INC	
	Firm/ Co	ompany
2747 PORTO	HESTER CT	
	Addr	ress
KISSIMMEE	, FL. 34744	
	City/ State an	nd Zip Code
romanbatista0809@)vahoo com	
	idress: (to be used for future and	inual report notification)
For further information concerning t	nis matter, please call:	
Roman Batista	4 at (407 922-3459
Name of Contact Per	son at (Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Fl	lorida Department of State:
	Filing Fee & S43.75 Filing attention of Status Certified Co (Additional enclosed)	opy Certificate of Status
Mailing Address Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 33	rations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

	BATISTA CABINETS INC	7.	UN SEP 2	25 PM 2: (
(Name of C	Corporation as currently filed with the Fl	orida Dept, of State	<u>e)</u>	- ,
	P13000049467	: • <u>•</u>		t FLOR
	(Document Number of Corporation (if kn			
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06. Florida Statutes, this <i>Florida Profit Cor</i>	poration adopts the	following ar	mendment(s) t
A. If amending name, enter the new name	e of the corporation:			
			77	he new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "Co". A profession	r "incorporated" o nal corporation nam	or the abbr	reviation
B. Enter new principal office address, if a (Principal office address MUST BE A STR				
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF				
D. If amending the registered agent and/o new registered agent and/or the new r		er the name of the		
Name of New Registered Agent				
_	(Florida street address)			
New Registered Office Address:	,	. Florida		
New Registered Office Address.	(City)	r torida_	(Zip Cod	le)
New Registered Agent's Signature, if char I hereby accept the appointment as registere		obligations of the p	osition.	
-	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	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Martha Batista	2747 Portchester Ct
x Add			Kissimmee, Fl. 34744
Remove			
2) Change		_	<u> </u>
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).				

				 -
		-		
f an amendment provides for an exch provisions for implementing the ame				
(if not applicable, indicate N/A)	timent ii not containe	ı in the anggumen	t itsein.	
1-11-				

	September 18, 2017	, if other than th
The date of each amendment(s) a date this document was signed.	doption:	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	l not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
09/18/201	7	
Dated	17	
Signature	1/1/m	
	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
appor	nted fiduciary by that fiduciary)	
	Roman Batista	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	