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Amend 103/18/14

COVER LETTER

TO: Amendment Section Division of Corporations

	ATION: MONSTOC		INC	
DOCUMENT NUMBI	_{ER:} P1400001196	7	······	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
_		Name of Contact Person	1	
	JIREH MULTISE	RVICES INC		
_		Firm/ Company		
(3095 S MILITAR	Y TRAIL # 4		
_		Address		
ĺ	LAKE WORTH F	L 33463		
_		City/ State and Zip Code	e	
JHC	NREALTOR@H	OTMAIL COM		
0110	_	sed for future annual report	notification)	
	,	·		
For further information	concerning this matter, pleas	se call:		
JHON RODRI	IGUEZ	at (561	, 4349737	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	idment Section	Amendment Section		
	ion of Corporations Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		
		Tallahassee, FL 32301		

Articles of Amendment Articles of Incorporation of

MONSTOQUE CABINETS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	•
A. If amending name, enter the new name of the corporation:	
N/A	The
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain
, ,	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida si	reet address)
New Registered Office Address:	, Florida
(City	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	

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.

X Change	<u>PT</u>	John D	<u>loe</u>	
X Remove	<u>V</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P,VF)	JORGE L. MONSTOQUE	6604 DOCKSIDE CIRCLE
Add				GREENACRES FL 33463
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		··-		
Add				
Remove				

If ame (Attacl	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
/A	
	
	•
	
If an:	mendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	isions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 03 / 11 / 2014	, if other than the
date this document was signed.	22 11 /2 21/	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement of for 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	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated 03/11	1/2014	
G :		
Signature(By	y a director, president or other officer – if directors or officers have not been	_
sel	ected, by an incorporator - if in the hands of a receiver, trustee, or other court	
арр	pointed fiduciary by that fiduciary)	
	JORGE L. MONSTOQUE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	