P1400003599/

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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MAY 29 2015
T. LEWIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: K & E CABINE DOCUMENT NUMBER: P14000035991	ET INC				
The enclosed Articles of Amendment and fee are submit	ed for filing.				
Please return all correspondence concerning this matter to	the following:				
MRS KAREN MAR	TE.				
K & E CABINET INC	ame of Contact Person				
Firm/ Company 1895 THE OAK'S BLVD					
KISS:MMEE, FLOR	Address IDA 34746R				
;. C	ity/ State and Zip Code				
rmuniz6724@aol.com	or future annual report notification)				
For further information concerning this matter, please cal	· .				
KAREN MARTE					
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:					
Certificate of Status (\$43.75 Filing Fee & Secretified Copy Certificate of Status Additional copy is enclosed) Secretified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Cerporations P.O. Box 632; Tallahassee, F.(), 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

K & E CABINET, INC

(Name of Corporation a	s currently filed with the Flor	rida Dept. of State)		
P14000035991				
(Docume	nt Number of Corporation (if k	nown)	<u> </u>	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Flo</i>	orida Profit Corporation :	adopts the following ar	mendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
•			T‡	ie new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or "Co	". A professional corpor	orated" or the abbr	eviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
:				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable <u>:</u> OFFICE BOX)		2014 ;; SECRE	77
				CRIMINA PARAMENTAL
			inc t	g gangang
		<u> </u>		(
D. If amending the registered agent ar new registered agent and/or the ne		s in Florida, enter the na	me of the w	Control of the Contro
Name of New Registers 1 Agent	KAREN MARTE		ं ज	
Nume of Peti Registry 3. Agent	1895 THE OAK'S	BLVD	_	
,	(Florida street		_	
New Registered Office Address:	KISSIMMEE,	Florids	34746	
tion regime en office reter est.	(City)	, 1 K/100	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regis		and accept the obligation	ns of the position.	
•				
Si	gnature of New Registered Age	nt, 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	PT Joh	n Doe	
X Remove	<u>V</u> . <u>Mil</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	MARTE KARMEN	1895 THE OAK.S BLVD
Add			KISSIMMEE
Remove	; ;		FLORIDA 34746
2) Change	P .	MARTE KAREN	1895 THE OAK'S BLVV
Add			KISSIMMEE
Remove			FLORIDA,34746
3) Change			
Add	`		
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove	•		
6) Change			
Add			
Remove	<u>.</u>		

nending or adding ac ch additional sheets, i	f necessary).	(Be specifie	c)	_		
-	. :					
	-					
						
			·	<u> </u>		
	_:					·
	•.					
amendment provide visions for implemen (if not applicable, inc	iting the amei	nange, reclass	sification, or t contained i	cancellatio n the amen	n of issued s dment itself	hares,
1	;		, ,			
					_	
	,					
	_					

The date of each amendmen date this document was signed	t(s) adoption: AFNL 27, 2014	, if other than th
Effective date if applicable:	APRIL 27, 2014	
<u> </u>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	4/27/2014	
Signature _	Kovey mosts	
Se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
	KAREN MARTE	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	