P14000037110

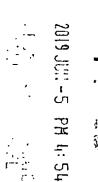
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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R. WHITE
JUN 1 9 2019

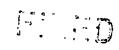
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	DONATO CONTI	RACTORS, INC	
DOCUMENT NUMI	BER: P14000037110		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	LESVYN J. PEPE		
	DONATO CONTRACTORS	Name of Contact Person S. INC	1
	1420 ATLANTIC SHORES	Firm/ Company BLVD, APT, 234	
	HALLANDALE BEACH, F	Address L 33(X)9	
		City/ State and Zip Code	e
	kai.myplace@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
Lesvyn J. Pepe		305 at (5()4-9151
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation

of



DONATO CONTRACTORS, INC

		FRACTORS, INC	2010 1101 -	
(Name	of Corporation as curren	tly filed with the Flo		PH 4: 54
	P14000	037110	SLUP	ر الأحد
	(Document Number	of Corporation (if kno	own)	-1,71
Pursuant to the provisions of section 607 as Articles of Incorporation:	7,1006, Florida Statutes, thi	s Florida Profit Corp	oration adopts the fol	lowing amendment(s)
. If amending name, enter the new n	ame of the corporation:			
	KAI - KITCKEN ADVA	NCED INSTALLATION	ONS, INC	The new
ame must be distinguishable and cor Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professione	"incorporated" or i il corporation name i	he abbreviation
. Enter new principal office address,	if applicable:	1420 ATLANTIO	C SHORES BLVD.	
Principal office address <u>MUST BE A S</u>		APT. 234		
		HALLANDALE BEACH, FL		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
o. If amending the registered agent ar	ad/ar registered office ad	droce in Florido, onto	n the name of the	
new registered agent and/or the ne			The name of the	
	N/A			
Name of New Registered Agent	INIA			
Name of New Registered Agent	N/A			
Name of New Registered Agent	N/A	treet address)		
Name of New Registered Agent New Registered Office Address:	N/A	treet address)	, Florida ^{N/A}	

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u> N/A	<u>Name</u> N/A	Address N/A
1) A Change			IWA
Add			
Remove			
2) Change	N/A ———	N/A	N/A
Add			
Remove 3) Change	N/A	N/A	N/A
Add			
Remove			
4) Change	N/A	N/A	N/A
Add			
Remove			
5) Change	N/A	N/A	N/A
Add			
Remove			
6) Change	N/A 	N/A	N/A
Add			
Remove			

(Attach addition	r adding additional A nal sheets, if necessary	s). (Be specific)			
			 -	<u>.</u>	 -
					
			<u> </u>		<u> </u>
		<u></u> .			
	 -		 -		
		<u> </u>			
					
			· · · · · · · · · · · · · · · · · · ·		
		-			
lf an amendme	ent provides for an ex	change, reclassifica	tion, or cancellation	of issued shares,	
	implementing the an plicable, indicate N/A)		tained in the amend	<u>lment itself:</u>	
		·			
	· · · · · · · · · · · · · · · · · · ·				.
		··· <u></u>	. <u></u>		

The date of each amendment	(s) adoption: 05/28/2019	, if other than the
date this document was signed.	3) adoption.	, if other than to
Effective date <u>if applicable</u> :	05/28/2019	
· uppreuos.	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this dat be Department of State's records.	e will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.)
	e approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	erf
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	-
action was not required.		
Dated_05/28	/2019	
Signature	30201	
se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	LESVYN J. PEPE OSORIO	
	(Typed or printed name of person signing)	
	OFFICER - LEGAL REPRESENTATIVE	
	(Title of person signing)	