a Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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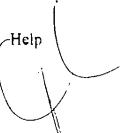
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COR AMND/RESTATE/CORRECT OR O/D RESIGN YM CABINETS INC

Certificate of Status	0
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Page Count	05
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Electronic Filing Menu Corporate Filing Menu



COVER LETTER

TO: Amendment Sec Division of Cor				
NAME OF CORPO	PRATION: YM CABINETS I	NC		
DOCUMENT NUM	IBER: P14000091315			
	s of Amendment and fic are so	bmitted for filing.		
Please return all corr	espondence concerning this ma	ttor to the following:		
	YEUDY MORA			
		Name of Contact Per	30n	
	P14000091313			
		Firm/ Company		
	4580 BALER TRAILS DR			2024 JUL 30
		Address		
	ST CLOUD, FL 347*2			·
		City/ State and Zip C	ode	- 33
	info@goalbridgeg.com			0 M 9: I
	E-mail address: «to be us	sed for future annual rep	ort notification)	ڢ
				- 1: -
For further informati	on concerning this matter, pica	ac call:		`
YEUDY MORA		ut (3315063 Code & Daytime Telephone Nun	
Name	of Contact Person	Arcs	Code & Daytime Telephone Nun	nber
Enclosed is a check l	for the following amount made	payable to the Florida D	epartment of State:	
\$35 Filing Fee	□\$43.75 Filing 7cc & Certificate of Status	S43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	& S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is onclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahasseo, FL 32314		Am Div The 24!	est Address endment Section ision of Corporations c Centre of Tallahassec 5 N. Monroe Street, Suite 810 lahassee, FL 32303)

Articles of Amendment to Articles of Incorporation of

YM CABINETS INC	
	urrently filed with the Florida Dept, of State)
P14000091313	
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute ts Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment
A. It amending name, enter the new name of the corporat	tion:
	The new lon," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word "P.A."
3. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)
Cotton com multipo addressa il comitantino	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	orlda street address)
New Registered Office Address:	(City) , Florida(Zip Code)
New Registered Agent's Signature, if charging Registered	Agent:
hereby accept the appointment as registered agent. I am fa-	iminar with and accept the obligations of the position.
Signature of	New Registered Agent, if changing
	-
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.012	20 (11) (c) FS
→ The amonument(s) is are being tited persuant to s. 507.012	ZO (TT) (O), FIO

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 = Tre isurer; 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 n anner. 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, 5V as an Add.

Example:

X Change	PT	<u>Iohn Dee</u>	
X Remove	Y	Mike Jones	
_X Add	<u>5V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
i) Change	V	Anyella Patricia Otaya Martinez	4580 BALER TRAILS DR
X Add			ST CLOUD, FL 34772
Remove			(2)
2) Change			
Add			9
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Remove			
6) Change		_	
Add			
Remove			

amondment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amondment if not contained in the amendment itself: (If not applicable, indicate N/A)	2024 JUL 30 AM S. 1
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visions for implementing the ameadment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
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 l	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were a by the sharoholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	
The amendment(8) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the emendment(s) was/were sufficient for approval	30
by		
· —	'voting group)	
07/29/20	≩4	
DatedSignature	leavy Mora.	
(By a select	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 conted fiduc ary by that fiduciary)	
	YEUDY MORA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	