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COVER LETTER

): Amendment Section Division of Corporations

ME OF CORPOR	RATION: MEMO'S FINE CA	ABINETRY INC				
	BER: P14000097485					
e enclosed .4rticles	of Amendment and fee are su	bmitted for filing.				
ase return all corre	spondence concerning this ma	tter to the following:				
	ERWIN THUMAN					
	Name of Contact Person					
•	MEMO'S FINE CABINETRY INC					
	Firm/ Company					
	470 WILSON BLVD NORTH					
	Address					
	NAPLES, FL 34120					
		City/ State and Zip Code	C			
INFO	@MEMOSFINECARPENTF	RY.COM				
	E-mail address: (to be us	sed for future annual report	notification)			
r further information	n concerning this matter, pleas	se call:				
:WIN THUMAN		at (239	438-6758			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
closed is a check fo	r 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 266! Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EMO'S FINE CABINETRY INC

	irrently filed with the Florida	Dept. of State)	
1000097485		· · · · · · · · · · · · · · · · · · ·	
(Document Num	nber of Corporation (if known)		
mant to the provisions of section 607.1006, Florida Statutes articles of Incorporation:	s, this <i>Florida Profit Corporati</i>	ion adopts the following ame	endment(s)
f amending name, enter the new name of the corporation	on:		
		Tha	new
e must be distinguishable and contain the word "corports," "Inc.," or Co" or the designation "Corp." "Inc.," or the abbrevial "chartered," "professional association," or the abbrevial	" or "Co". A professional co	corporated" or the abbrevi	iation
inter new principal office address, if applicable: acipal office address <u>MUST BE A STREET ADDRESS</u>)	 		
		135EP	•
nter new mailing address, if applicable: Aailing address MAY BE A POST OFFICE BOX)		ب ب	- <u>.</u>
many success many bearing of the bon		ت	
			
		<u> </u>	
f amending the registered agent and/or registered office agent end/or the new registered office ad		e name of the	-
Name of New Registered Agent			
(Flor	rida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
Registered Agent's Signature, if changing Registered & reby accept the appointment as registered agent. I am fam	Agent:	(Zip Code)	
Signature of I	New Registered Agent, if chang		

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and dress of each Officer and/or Director being added:

ttach additional sheets, if necessary)

ample:

ease note the officer/director title by the first letter of the office title:

= President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief ecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office ld. President, Treasurer, Director would be PTD.

anges 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 hange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, ke Jones, V as Remove, and Sally Smith, SV as an Add.

Change	<u>PT</u>	John Do	<u>oe</u>	
Remove	$\underline{\mathbf{V}}$	<u>Mike Jo</u>	ones	
Add	<u>\$V</u>	Sally St	mith	
pe of Action heck One)	Title		<u>Name</u>	<u>Addres</u> s
Change	VP		DANY THUMAN	470 WILSON BLVD NORTH
X Add				NAPLES, FL 34120
Remove				
Change	**			
Add				
Remove				
Change		_		
Add				
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Change		_		
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	ary). (Be specific)		
 			
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amendment provides for an	exchange, reclassification	, or cancellation of issued	shares,
	amendment if not contain	ned in the amendment itsel	<u>f:</u>
visions for implementing the	(1)		
visions for implementing the (if not applicable, indicate N/.			
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e date of each amendment(s) adoption:	, if other than the
e this document was signed.	
fective date if applicable:	
(no more than 90 days after amendment file date)	
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil nument's effective date on the Department of State's records.	I not be listed as the
option of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7/3/29	
Signature (Co. 15)	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ERWIN THUMAN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	