Note: Please print this page and use it as a cover sheet. Type the fax sudit number (shown below) on the top and bottom of all pages of the document.

(((H16000055901 3)))



4160000559013ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:		,	တ
	Division of Co	porations	
	Fax Number	: (850)617~6380	A.R
			, F
From:			ယ
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	3>
	Account Number	: 120000000019	<u></u>
	Phone	: (305)552-5973	ي.
	Fax Number	: (305)675-5944	, in
		(~ ~

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Address:		
CMGTT	WWWI COO.		

COR AMND/RESTATE/CORRECT OR O/D RESIGN HABANA CITY AND CAVINETS CORP

Certificate of Status	0			
Certified Copy	0		16	*****
Page Count	03		37	eri T
Estimated Charge	\$35.00		<u>3</u>	۱۹۰۰م فعر پرمواه
	***	20 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	2	# 4 # 4 # 1
		emelije emelije man internation		

Electronic Filing Menu

Corporate Filing Menu

Help

MAK 4

C LEW

DIVISION OF CORPORATIONS

16 MAR -3 AM 9: 50

H16000055901

Articles of Amendment

to

Articles of Incorporation

of

HABANA CITY & CAVINETS CORP

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

ARTICLE I

The name of this Corporation change to:

HABANA CITY & CABINETS CORP.

Effective date if applicable: 3/3/16

H16000055901

Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the members and the number of votes cathe amendment(s) was/were sufficient for approval.	st for	
The amendment(s) was/ware adopted by the board of directors. Dated >/3//5		
Signature	16	ivi0 Š
(By a director, president or other officer-if directors have not been selected, by an incorporator- if in the hand of receiver, trustee,	MAR -3	FICE TAKE STORY OF C
other court appointed fiduciary by that fiduciary)	AH 9: 50	Y OF STATE Y OF STATE ORPORATIONS
DIANA AGUILERA	_	
(typed or printed name of person signing)		
Pasidont		
(Title of person signing)		•