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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: E & S CUSTOM H	IOME WORKS INC		
DOCUMENT NUMBE				
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
Ν	MARIA E RUIZ			
_		Name of Contact Persor		
I	. & M ACCOUNTING SER			
_				
7	Firm/ Company 7750 SW 117TH AVE SUITE 201D			
_		Address		
Ν	MIAMI FLORIDA 33183			
_		City/ State and Zip Code	2	
MARIA	AQUIROS9@HOTMAIL.C	OM		
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas		. 595-2407	
Name of	Contact Person	at (at) 595-2407 de & Daytime Telephone Number	
	the following amount made p			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State) E & S CUSTOM HOME WORKS, INC (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: CHAKANA CABINETRY INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TRES	JONATHAN MUR	13186 SW 130 TERRACE
X Add			MIAMI FLORIDA 33186
Remove			
2) Change	_		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	
		_
		_
		
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
<u>provisions for implementing the amer</u>	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
· · · · · · · · · · · · · · · · · · ·		
		-

	01/31/2017			
The date of each amendment(s) adopti date this document was signed.	ion:			, if other than the
Effective date <u>if applicable</u> :	2/15/17 (no more than	90 days after amendment	t file date)	
Note: If the date inserted in this block document's effective date on the Departs	does not meet the appl ment of State's records.	icable statutory filing rec	quirements, this date will n	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. Thent for approval.	ne number of votes cast fo	or the amendment(s)	
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders the hooting group entitled to	rough voting groups. The covote separately on the co	e following statement imendment(s):	
"The number of votes cast for t	he amendment(s) was/w	ere sufficient for approva	I	
by	(voting group)	·	 	
	(voting group)			
☐ The amendment(s) was/were adopted action was not required.	by the board of director	s without shareholder act	tion and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators with	thout shareholder action a	and shareholder	
Dated	2/1/In			
(By a direct selected, by	or, president or other off	ficer — if directors or office he hands of a receiver, tro y)		
	ratel	d name of person signing)		
<i>f</i> *	↓ (Title	e of person signing)		