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MAY 16 2017



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ABINETS, INC
DOCUMENT NUMBER: P17999991	222
The enclosed Articles of Amendment a	nd fee are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
MHAMED BEN	KIRAN
	Name of Contact Person
JDB CABINETS	SINC.
	Firm/ Company
1999 W. COLO	NIAL DRIVE
-	Address
ORLANDO, FL	32804
	City/ State and Zip Code
BBENKIRAN@GMA	IL.COM
E-mail addr	ess: (to be used for future annual report notification)
For further information concerning this	matter, please call:
MHAMED BENKIRAN	321 228-6341 at ()
Name of Contact Person	
Enclosed is a check for the following ar	nount made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate	-
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporation P.O. Box 6327	ons Division of Corporations Clifton Building
Tallahassee, FL 3231	_

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JDB CABINETS, INC.		
(<u>Name (</u> P17000001222	f Corporation as currently filed with t	he Florida Dept. of State)
	(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Prof</i>	it Corporation adopts the following amendment(s) to
A. If amending name, enter the new na JDB CABINETRY & DESIGN, INC.	me of the corporation:	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co". A proj	ny," or "incorporated" or the abbreviation fessional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if applia (Mailing address MAY BE A POST)	cable: DFFICE BOX)	
D. If amending the registered agent an	d/or registered office address in Florid	la, enter the name of the
new registered agent and/or the nev	v registered office address: LEGAL COUNSEL PA	
Name of New Registered Agent		
	1999 W COLONIAL DRIVE #204	
	(Florida street address)	
New Registered Office Address:	ORLANDO	32804 Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if e I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar with and acce Signature of New Registered Ag	N 12 F

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: X Change	<u>PT</u>	<u>John Doe</u>				
X Remove	<u>V</u>	Mike Jones				
<u>X</u> Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address			
1) Change	P/D	DONNY MANFREDO	1999 W COLONIAL DRIVE			
X Add			ORLANDO, FL 32804			
Remove						
2) (4)	P	MHAMED BENKIRAN	1999 W COLONIAL DRIVE			
2) Change Add			ORLANDO, FL 32804			
X Remove			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

Attach additional	Iding additional A sheets, if necessary). (Be specifi	c)			
						
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provisions for in	provides for an explementing the anable, indicate N/A)	nendment if no	sification, or ca of contained in	ncellation of iss the amendment	ued shares, itself:	
·- ·· · · · · · · · · · · · · · · · · ·						
			•			•
						
					.	- ::

	MAT 5, 2017	
The date of each amendment	(s) adoption:	, if other than the
date this document was signed		
date this document was signed	MAY 5, 2017	
Effective date if applicable:		
meetive date in applicative.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this done Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment(ere sufficient for approval.	s)
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	5-6-17	
Signaturg		
	v a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other cou	
	pointed fiduciary by that fiduciary)	
Ψ,	MHAMED BENKIRAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	



Legal Counsel, P.A

1999 West Colonial Dr. #204

Orlando, FL 32804 T: 407.982.4321

F: 407.982.2587

www.LegalCounselPA.com

*Michele Diglio-Benkiran, Esquire

May 9, 2017

Division of Corporations Attn: Registration Sections P. O. Box 6327 Tallahassee, Florida 32314

RE:

"JDB CABINETRY & DESIGN, INC."

To Whom It May Concern,

In connection with the above referenced, attached hereto please find the following:

- 1- Check #7541 for the amount of \$35.00 payable to Florida Department of State representing the filling fees;
- 2- Articles of Amendment to Articles of Incorporation;&
- 3- Cover Letter.

Please process it accordingly and contact us with any questions or concern.

Respectfully,

Legal Counsel, P.A.

Michele Diglio-Benkiran, Esquire

Enclosures