P17000012103

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)	···		
(Ci	ty/State/Zip/Phone	#)		
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(Bu	usiness Entity Nam	e)		
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: MMM CUSTOM (CABINETS, INC.	
	BER: P17000012103		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	DION MOODLEY		
		Name of Contact Persor	
	TAX TEAM USA, INC.		
	•	Firm/ Company	
	1021 NE 144 STREET		
		Address	
	NORTH MIAMI, FL 33161		
		City/ State and Zip Code	2
taxte	amusa@bellsouth.net		
	-	sed for future annual report	notification)
		·	
For further information	in concerning this matter, pleas	se call:	
DION MOODLEY		305	947-8062
Name	of Contact Person	at (305)de & Daytime Telephone Number
			· -
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ertment of State:
S35 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)
Mailing Address			Address
Amendment Section		Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MMM CUSTOM CABINETS, INC.

(Name o	f Corporation as currently	filed with the Florida Dept	t. of State)	
P17000012103				
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	loridu Profit Corporation ac	dopts the following an	nendment(s) to
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpora	orated" or the abbre	
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A ST	TREET ADDRESS)			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST (
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the nar	ne of the	
Name of New Registered Agent	BRUNET D MARTIN			
Hame of Hen Registered Agent		-		
	(Florida stree	t address)		
New Registered Office Address:			, Florida	
	(0	City)	(Zip Code	2)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the obligation gistered Agent, if changing	A Selection of the second seco	FILED

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	BRUNET D MARTIN	331 NE 164 STREET
Add			NORTH MIAMI, FL 33162
Remove			
2) Change			
Add			
Remove			
3) Change			
Add ᢏ			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
6) Change		-	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
THE REASON FOR AMENDMENT IS THAT ON ORIGINAL APPLICATION I THE NAME OF THE
INCORPOATOR, REGISTERED AGENT & DIRECTOR/PRESIDENT WAS ENTERED INCORRECTLY.
THE CORRECT NAME IS "BRUNET D MARTIN" & NOT "MARTIN D BRUNET"

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) add this document was signed.	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man >> auto after amenament free aute)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date spartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	"	
•	(voting group)	
■ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
SEPTEME Dated	BER 05, 2017	
Signature (runot in trantin	
(By a d	irector, president or other officer - if directors or officers have not been	
	d. by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	BRUNET D MARTIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	