P18000002479

(Ř	equestor's Name)	
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(Ac	ddress)	
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(Cı	ty/State/Zip/Phone	€#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
	ocument Number)	
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OCT 1 , 2013

COVER LETTER

Tallahassee, FL 32314

		COVER LETTER		- 3 e i
TO: Amendment Section Division of Corpo				THIS OCT 15 PARTS 53
NAME OF CORPOR	ATION: ELITE CABINET	INC		5
DOCUMENT NUMB	P18000002479			3
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.		S
Please return all corres	pondence concerning this ma	tter to the following:		
	CHAIM MISTRIEL			
-		Name of Contact Person	n	
-		Firm/ Company		
	4720SW 34TH AVE			
-	FORTLAUDERDALE, FL	Address		
-	PORTEAUDERDALE, TE	City/ State and Zip Cod		
ARM	CONSULTING@YMAIL.CO	О м		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
CHAIM MISTRIEL		347	753-0228	
Name o	f Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:	
■ \$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)	
	ing Address adment Section		Address Iment Section	
Divis	ion of Corporations Box 6327	Divisio	on of Corporations Building	

2661 Executive Center Circle

Tallahassec, FL 32301

Articles of Amendment to Articles of Incorporation of



ELITE CABINET INC

(Name of Corporation as currently filed with the Florida Dept. of State) P18000002479 (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: 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 MUST BE A STREET ADDRESS) 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: . Florida (City) (Zip Code) 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.

Example: X Change	PT	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	VP	YONA MISTRIEL	4720SW34THAVE
X Add			FORTLAUDERDALE, FL 33312
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
······································	
	
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		,
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(ufficient for approval.	s)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
·	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
	R12,2018	
Dated	Quim Mistriel	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	CHAIM MISTRIEL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	