718000034337

. (Re	equestor's Name)	
- (Ad	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
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AUG 1 3 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PROFESSION	IAL CABINET SOLU	TIONS INC
DOCUMENT NUMBER: P18000034337		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
MARSHA SIHA		
	Name of Contact Persor]
INCFILE.COM LLC		
	Firm/ Company	
17350 STATE HWY 2	49, STE 220	
	Address	
HOUSTON, TX 77064		
	City/ State and Zip Code	3
EFILE1234@INCFILE.COI	М	
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
MARSHA SIHA	at (<u>888</u>	462-3453
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation



Articles of Inco	FILED	
PROFESSIONAL CARIN	IET SOLUTIONS INC	
(Name of Corporation as currently	filed with the Floridal Hotter State	
P180000	034337 30000 7 to 1 2 #	
(Document Number of	Corporation (if known) LAHASSEE, FLORIDA	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:		
A. If amending name, enter the new name of the corporation:		
DOVETAIL FINE CABINETRY AND WOODWORKIN	IG INC.	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	2901 W Busch Blvd #204A	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33618	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2901 W Busch Blvd #204A	
· · · · · · · · · · · · · · · · · · ·	Tampa, FL 33618	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address:	, Florida	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	
Signature of New Re	gistered 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:

· (Attack 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	
$\hat{\underline{X}}$ 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	Jason Rexrode	6911 N. 21 Ave.
X Add			Tampa, Florida 33610
Remove			
2) X Change	P	Christopher Rexrode	2901 W Busch Blvd #204A
Add			Tampa, FL 33618
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ueets, if necessary).	(Be specific)			
					
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				6 :	
n an amenament p	rovides for an exc	hange, reclassificatendment if not cont	ion, or cancellation	lmont iteelfe	
(if not applied	ble, indicate N/A)	mament it not com	amed in the amend	illent usen.	
(i) not applicat	me, minetic (1171)				
· · · · · ·					

The date of each amendmedate this document was sign	ent(s) adoption:, if other than the ded.
Effective date <u>if applicable</u>	e:(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s	s) (<u>CHECK ONE</u>)
	were adopted by the shareholders. The number of votes cast for the amendment(s)/were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):
	otes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/action was not required.	were adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/action was not required.	were adopted by the incorporators without shareholder action and shareholder
JL Dated	JLY 31, 2018
Signature	Christopher Rexrode
-	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
-	Christopher Rexide (Typed or printed name of person signing)
	President
	(Title of person signing)