

P18000092544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

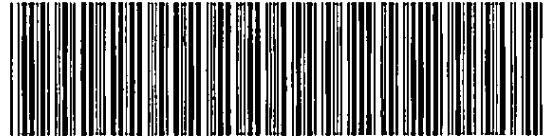
(Document Number)

Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



100353339871 ✓

12/18/20--01023--014 +•82.50

②

FILED

2020 DEC 28 A 10:54

CLERK OF SUPERIOR COURT
DISTRICT OF COLUMBIA

Amal
12/30/20
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2020

EDWINS CHARLES
LATINO CABINET CENTER PLUS INC.
487 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162

SUBJECT: LATINO CABINET CENTER PLUS INC.
Ref. Number: P18000092544

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

AN UPDATED AMENDMENT FORM PURSUANT TO SECTION 607.1006, FLORIDA STATUTES WAS REVISED FOR THE YEAR OF 2020 THROUGH LEGISLATIVE ACTION. PLEASE ENSURE THAT THIS UPDATED FORM IS USED FOR FUTURE CHANGES. PLEASE RESUBMIT THIS FORM ONLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 320A00025397



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2020

JEAN ROLAND MERILIEN
LATINO CABINET CENTER PLUS INC.
487 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162

SUBJECT: LATINO CABINET CENTER PLUS INC.
Ref. Number: P18000092544

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT YOU HAVE SUBMITTED IS SPECIFICALLY USED FOR FLORIDA PROFIT BENEFIT CORPORATIONS OR FLORIDA PROFIT SOCIAL PURPOSE CORPORATIONS ONLY. PLEASE RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 420A00023262

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LATINO CABINET CENTER PLUS

DOCUMENT NUMBER: P18000092544

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWINS CHARLES

Name of Contact Person

LATINO CABINET CENTER PLUS

Firm/ Company

487 NE 167th STREET

Address

NORTH MIAMI BEACH FLORIDA 33162

City/ State and Zip Code

EDWINSCHARLES@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWINS CHARLES

Name of Contact Person

at (786) 290-8177

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

LATINO CABINET CENTER PLUS INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000092544

(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:

The new 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:

(City)

Florida

(Zip Code)

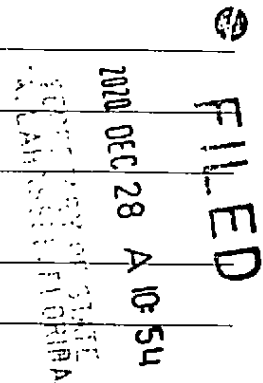
New Registered Agent's Signature, if changing Registered Agent:

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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.



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 V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	<u>P</u>	<u>EDWINS CHARLES</u>	<u>487 NE 167TH STREET</u>
<u>X</u> Add			<u>NORTH MIAMI BEACH</u>
<u>Remove</u>			<u>FLORIDA 33162</u>
2) <u>Change</u>	<u>PSD</u>	<u>JEAN R LAM MERLIEN</u>	<u>487 NE 167TH STREET</u>
<u>Add</u>			<u>NORTH MIAMI BEACH</u>
<u>X</u> Remove			<u>FLORIDA 33162</u>
3) <u>Change</u>	<u>V</u>	<u>JOHANNE VITAL</u>	<u>487 NE 167TH STREET</u>
<u>Add</u>			<u>NORTH MIAMI BEACH</u>
<u>X</u> Remove			<u>FL 33162</u>
4) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____
date this document was signed.

10/07/2020

10/07/2020

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

Dated 10/07/2020

Signature



(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)

Jean Merilien

(Typed or printed name of person signing)

PSD

(Title of person signing)