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COVER LETTER TO: Amendment Section Division of Corporations NAME OF CORPORATION: FLORIDA ONE KITCHEN CABINETS INC DOCUMENT NUMBER: P19000028113 The enclosed Articles of Amendment and fee are submitted for tiling. Please return all correspondence concerning this matter to the following: ALE**X**ANDER MARQUEZ Name of Contact Person FLORIDA ONE KITCHEN CABINETS INC Firm/ Company 125 NW 74 AV UNIT 4 Address MEDLEY FL 33166 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call at (786) 925--0020 Area Code & Daytime Telephone Number ALEXANDER MARQUEZ Name of Contact Person Enclosed is a check for the following amount made gayable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLORIDA ONE KITCHEN GABINETS INC

				·
(Name of Cor	porațion as curr	ently filed with the Floric	la Dept. of State)	
P19000028113				
1	(Do cu ment Numb	er of Corporation (if know	n)	.
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, t	his <i>Florida Profit Corpor</i> d	ation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name o	f the corporation	<u>:</u>		
N/A				The new
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp.," "chartered," "professional association," or the	" "Ind." or "Co" e abbreviation "P	. A professional corpore		
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			·	
				2021
C. Enter new mailing address, if applicat (Mailing address <u>MAY BE A POST OF</u>				·
		_		
D. If amending the registered agent and/or new registered agent and/or the new regi			the name of the	
Name of New Registered Agent				
	Florid	a street address)	,	
New Registered Office Address:			. Florida	
TO THE STATE OF THE PARTY OF TH		(City)		ip Code)
New Registered Agent's Signature, if changi	ng Registered Ag	<u>ent:</u>		
I hereby accept the appointment as registered of	rgen i. I amfamil	iar with and accept the obl	igations of the positio	и.
	Signature of Ne	w Registered Agent, if cha	nging	
Check if applicable The amendment(s) is/are being filed pursuan	nt to \$. 607.0120 (11) (c), F.S.		

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice to Executive Officer; CFO = President, Treasurer, Dir Changes should be noted	and/or Di if necessarector title President, Chief Fir ector wor in the fol wes the co	irector being add ary) Thy the first letter T= Treasurer It ancial Officer It PTD Iowing manner proporation, Sally	ed: of the Sec f an of Curren Smith	office title: retary; D= Director; TR= Tr ficer/director holds more than tly John Doe is listed as the F	lirector being removed and title, name, and ustee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office held. PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	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>			Address
1) Change	TREAS	ALEN	ANDE	R MARQUEZ	20122 NW 57TH PLACE MIAMI
XAdd		ļ.			GARDENS FL 33015
Remove		<u> </u>			
2) Change					
Add					
Remove 3) Change					
Add					
Remove)' }	ķ.	
4) Change					
Add					
Remove					
5) Change					
Add					
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6) Change		_	<u> </u>		
Add					
Remove					

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F. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter	chans	ge(s) here:
(Attach additional sheets, if necessary). N/A	(Be sp e c	ific)	
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F. If an amendment provides for an exch provisions for implementing the ame	nange, recl	assific	ation, or cancellation of issued shares,
(if not applicable, indicate N/A)	nament n	hot co	ntained in the amendment usen:
N/A	ا !	: [
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			N.
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	8/25 /20 20	
The date of each amendment(s) adoption:date this document was signed. 08/25/2020		if other than the
Effective date <u>if applicable</u> :		
		than 90 days after amendment file date)
Note: If the date inserted in this block does a document's effective date on the Department of		applicable statutory filing requirements, this date will not be listed as the ords.
Adoption of Amendment(s) (CI	HECKONE	
■ The amendment(s) was/were adopted by the action was not required.	e incorporato	ors, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		rs. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	he shareholde g <i>group entit</i>	ers through voting groups. The following statement the definition on the amendment(s):
"The number of votes cast for the ame	endment(s) w	vas/were sufficient for approval
by	oting group)	· · · · · · · · · · · · · · · · · · ·
1111	7.0.0 8 7.147	
Dated 8/25/20		
Signature		
(By a director, pres	orporator – i	ef officer – if directors or officers have not been iffin the hands of a receiver, trustee, or other court uciary)
ALEXAN	DER MARQ	ouez
	(Typed or pi	rinted name of person signing)
TREASUR	RER	
	(Title of per	rson signing)
•		