P19000063162

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: P&P KITCHEN A	ND BATH INC	
DOCUMENT NUMB	ER: P19000063162		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	PEDRO A PUENTES CRUZ	·	
•		Name of Contact Person	1
-		Firm/ Company	
	1814 SANFORD CIR		
-		Address	
	SARASOTA, FL 34232		
•		City/ State and Zip Cod	e
PEDR	O57PUENTES@GMAIL.C	ОМ	
	É-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas		
Name o	f Contact Person	at (Area Co)
Enclosed is a check for	the following amount made		
\$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		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

SECRETARY OF STATION OF CORPORATION OF CORPORATION

Articles of Amendment to Articles of Incorporation of

P&P KITCHEN AND BATH INC

(Name of Corporation as currently	filed with the Florida Dept. of State)		
P19000063162			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following	ng amendme	nt(s) to
A. If amending name, enter the new name of the corporation:			
		The new	,
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must	ibbreviation contain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable:		_	i i
(Mailing address MAY BE A POST OFFICE BOX)		19 AUG 26	1515 P
		26	H 27
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the	PM 12: 10	OF STATIONS
Name of New Registered Agent		_ = =	NO.
		_	(/)
(Florida stree	et address)		
New Registered Office Address:	, Florida	(Code)	
, (-ιιγ) (Ζ.Ψ	(.oae)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	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:

(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; CFO = 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>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	RAFAEL I POSADA ARANGO	3323 CHESHIRE LN, APT B	
Add			SARASOTA, FL 34237	
X 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 Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
		
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption date this document was signed.	i: if other than
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament fite date)
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) t for approval.
	by the shareholders through voting groups. The following statement 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)
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder
08/22/2019	
Dated	edo Vanto
(By a director, selected, by a	president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)
PEDR	O A PUENTES CRUZ
	(Typed or printed name of person signing)
PRES	IDENT
	(Title of person signing)

the

the