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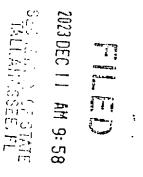
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COVER LETTER

TO: Amendment Section Division of Corporations WGC Cabinets NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable 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 Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

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

Articio	of	FILED
(Name of Corporation as	GC Cabinets INC currently filed with the Florida De	2023 DEC-11 - 11
(Name of Corporations)	MMM HOU EU	S2011 / 20-1-
(Document N	umber of Corporation (if known)	TALLAH SEE, FI
ursuant to the provisions of section 607.1006, Florida Status Articles of Incorporation:		adopts the following amendment(s
. If amending name, enter the new name of the corpora	ation:	
	enovations, INC	The new
ame must be distinguishable and contain the word "corpora Inc.," or Co.," or the designation "Corp," "Inc," or chartered," "professional association," or the abbreviatio	ition," "company," or "incorporated "Co",	" or the abbreviation "Corp.," name must contain the word
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u> .	<u>N/A</u>	
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>N/A</u>	
		
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 	ffice address in Florida, enter the n address:	ame of the
Name of New Registered Agent NIA		
	Florida street address)	
New Registered Office Address: NA		. Flo ri da
New Registered Office Address: 11174	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligati	ions of the position.
1 (A		
N/A Sionature	of New Registered Agent, if changin	
Signature	-yg g y - 1016-1	•
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)

Example:

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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	N/A	
Add		
Remove		
2) Change	N/A	
Add		
Remove 3) Change	N/A	
Add		
Remove 4) Change	N/A	
Add		
Remove 5) Change	N/A	
Add		
Remove	. ,	
6) Change	<u>N/V</u>	
Damoua		

ttach additional sheets, if necessary).	(Be specific)
N/A	
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<u></u>	
If 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)	
N/A	
N / / /	
	
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The date of each amendment date this document was signed	
Effective date if applicable:	NIA
meenve date <u>ir appiteabie</u> .	(no more than 90 days after amendment file date)
	his block does not meet the applicable statutory filing requirements, this date will not be listed a ne Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	c approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
must he separately provide	
must he separately provide	d for each voting group entitled to vote separately on the amendment(s):
must he separately provide	d for each voting group entitled to vote separately on the amendment(s): cast for the amendment(s) was/were sufficient for approval
must he separately provide "The number of votes by	cast for the amendment(s) was/were sufficient for approval (voting group)
must he separately provide "The number of votes by	cast for the amendment(s) was/were sufficient for approval (voting group)
must he separately provide "The number of votes by	cast for the amendment(s) was/were sufficient for approval (voting group) (voting group) (voting group) Addirector, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court