P21000039178

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SH CABINET & DOORS INC DOCUMENT NUMBER: P21000039178 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YASIEL D GOMEZ HERNANDEZ Name of Contact Person SHICABINET & DOORS INC Firm/ Company 14640 SW 19TH ST Address MIAMI, FL 33175 City/ State and Zip Code sheabinetanddoor@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: __ at (786 ____) 642-4201 ____ Area Code & Daytime Telephone Number YASIEL D GOMEZ HERNANDEZ 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 (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

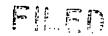
Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Street Address

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

Articles of Amendment to Articles of Incorporation

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2022 149 10

SH CABINET & DOORS INC		ZUZZ JAH [8 AH 8: 24
(<u>Nan</u>	ne of Corporation as curren	itly filed with the Florida Dept. of State)
P21000039178		
	(Document Number	of Corporation (if known)
Oursuant to the provisions of section 6 ts Articles of Incorporation:	07.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new	name of the corporation:	
N/A 		The new
iame must be distinguishable and cont "Inc.," or Co.," or the designation "chartered," "professional associatio	"Corp." "Inc." or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word ."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		N/A
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
(171111) Marie (1811) Marie (18	TOTAL DOM	
		dress in Florida, enter the name of the
new registered agent and/or the	new registered office addre	ss:
Name of New Registered Age	<u>nt</u> N/A	
	(Florida :	street address)
New Registered Office Address:	N/A	P 1
	<u></u>	. Florida
New Registered Agent's Signature, i	f changing Registered Age	nt:
hereby accept the appointment as reg	gistered agent. I am familia	r with and accept the obligations of the position.
	Signature of New	Registered Agent, if changing
	•	
Check if applicable		

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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.

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	P	JONNA SOTO PEREZ	970 WEST 32ND ST
X Add			HIALEAH, FL 33012
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
. <u></u>	
-	
. If an amendment provides for an exch	nange, 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	
<u> </u>	

.

	N/A
The date of each amendment(s	adoption:, if other than t
date this document was signed.	
Effective date <u>if applicable:</u>	'A
enteriore date <u>it appreciore</u> .	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as a Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
by	tvoting group)
· —————	tvoting group)
Dated	9/7/2021
SignatureX	
(By sele	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	YASIEL D GOMEZ HERNANDEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)