## P2100039178

Office Use Only



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2023 MAY -9 PH 2: 20 SECRETIVE, OF STATE TALL/HASSEE, FL



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: SH CABINET & D	OOORS INC				
DOCUMENT NEMI						
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	YASIEL D GOMEZ HERNANDEZ					
	Name of Contact Person					
SH CABINET & DOORS INC						
. Firm/ Company						
14640 SW 19TH ST						
Address						
MIAMI, FL 33175						
	City/ State and Zip Code					
	shcabinetanddoor@gmail.com					
		sed for future annual report	notification)	TALLAHAS SE		
				- 13 -4. - 12 D		
For further informatio	n concerning this matter, pleas	se call:				
YASIEL D GOMEZ	HERNANDEZ	786 at (	642-4201	OF STATE		
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment of State;			
S35 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

SH CARINET & DOORS INC

SH CABINET & DOORS INC	and Challes the Challes Dank of Casta
(Name of Corporation as ) P21000039178	currently filed with the Florida Dept. of State)
	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpora	ration:
N/A	The Chew -
	ation," "company," or "incorporated" or the abbreviation "Corp.," " "Co". A professional corporation name must contain the word on "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A (200)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered of	Mice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent N/A	
Œ	Florida street address)
New Registered Office Address: N/A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	ad America
I hereby accept the appointment as registered agent. I am fo	
Signature i	of New Registered Agent, if changing
	A company
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.01	120 (11) (a) FS

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> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally 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 or S
Add			IIIALEAH, FL 33012 AL
X Remove			主意 人
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del>-</del>	
Add			
Remove			

N/A	
The date of each amendment(s) adoption:	if other than the
date this document was signed.	
N/A	
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>
(no more than 90 days after amenament file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	and shareholder
☐ 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	2029 MAY -9 PH 2: 21 SECRETARY OF STATE TALLAHASSEE, FL
(Typed or printed name of person signing) PRESIDENT	
UNESTIDENT	
(Title of person signing)	<del></del>