721000074685

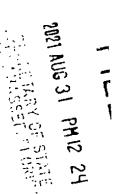
(Requestor's Name)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: MARA CABINET	RY INC				
	1BER: P21000074685					
	es of Amendment and fee are su	abmitted for filing.				
Please return all cor	respondence concerning this ma	itter to the following:				
•	JAMES H COLLIER SR					
	Name of Contact Person					
	COLLIER'S ACCOUNTING SERVICE, INC					
	Firm/ Company					
	8812 SHENANDOAH LAN	E				
	Address					
	HUDSON, FL 34667					
		City/ State and Zip Cod	e			
	JCOLLI58@YAHOO.COM					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informat	ion concerning this matter, please	se call: at (⁷²⁷	868-6020			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Division The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED 2021 AUG 31 PM 12 24

MARA CABINETRY, INC.

(Name of Corporation as currently filed with the Florida's P21000074685 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 2575 E BAY DRIVE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) LARGO, FL 33771 C. Enter new mailing address, if applicable: 2209 WOODWIND DRIVE (Mailing address MAY BE A POST OFFICE BOX) HOLIDAY, FL 34691 D. If amending the registered agent and/or registered office address in Florida, enter the name of the

(Florida street address)

New Registered Office Address: , Florida (City)

New Registered Agent's Signature, if changing Registered Agent:

new registered agent and/or the new registered office address:

Name of New Registered Agent

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ 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 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 = t Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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. The 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 Cha 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			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Pernova			

	litional sheets, if	necessary).	(Be specific)				
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an amen	dment provides	s for an excha	nge, reclassifi	cation, or canc	ellation of issued	shares,	
provisions	s for implement applicable, indi	ting the amend	dment if not c	ontained in the	amendment itsel	<u>f:</u>	
(ij noi	иррисионе, так	cute NAJ					
							

· ·	adoption:	, if other the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing Department of State's records.	requirements, this date will not be listed a
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors wi	thout shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes ca sufficient for approval.	st for the amendment(s)
	pproved by the shareholders through voting groups. or each voting group entitled to vote separately on the	
"The number of votes ca	st for the amendment(s) was/were sufficient for appr	roval
by		
	(voting group)	
08/27/202 Dated Signature	V1, h	
selec	director, president or other officer – if directors or o ted, by an incorporator – if in the hands of a receiver inted fiduciary by that fiduciary)	
	ASHLEE N MOSHER	
	(Typed or printed name of person signi	ing)
	PRESIDENT	
	(Title of person signing)	