Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000058680 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155

Phone : (305)226-8727

Fax Number : (786)947-0844

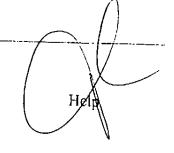
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address | 1 ! |
|-------|---------|--------|
| | | |

COR AMND/RESTATE/CORRECT OR O/D RESIGN KD REMODELING CORP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu Corporate Filing Menu





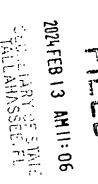
February 12, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

KD REMODELING CORP 5101 BISCAYNE RD KISSIMMEE, FL 34746

SUBJECT: KD REMODELING CORP

REF: P22000019284



We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000328865.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline FAX Aud. #: H24000058680

Regulatory Specialist II Supervisor Letter Number: 524A00003114

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | ORATION: KD REMODEL | ING CORP | | |
|--|---|--|--|--|
| | ABER: P22000019284 | | | |
| The enclosed Article | es of Amendment and fee are | submitted for filing. | | |
| Please return all con | respondence concerning this m | natter to the following: | ا دیر آب | |
| | LUCIA ESTRELLA | | に シ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ | |
| | LICENSES & PERMITS | Name of Contact Person | on U | |
| | 8300 WEST FLAGLER ST | Firm/ Company | | |
| | MIAMI, FL 33144 | Address | | |
| City/ State and Zip Code | | | | |
| | LICENSES114@GMAIL.C | OM sed for future annual report | | |
| For further information | on concerning this matter, ples | | , 226-8727 | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check to | or the following amount made | payable to the Florida Depa | artment of State: | |
| \$35 Filing Fee | ☐\$43,75 Filing Fee & Certificate of Status | 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 Divisio The Ce 2415 N | Address ment Section n of Corporations entre of Tallahassee T. Monroe Street, Suite 810 assee, F1, 32303 | |

Articles of Amendment Articles of Incorporation

| KD REMODELING CORP | |
|--|---|
| (Name of Corporation as currently filed with the Flor P22000019284 | ida Dept. of State) |
| | |
| (Document Number of Corporation (if know | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation: | ration adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | 20 |
| KDM MILLWORK CORP | 24F |
| name must be distinguishable and contain the word "corporation," "company," or "incorporation," or the designation "Corp," "Inc," or "Co". A professional corporation "Corporation" professional association, " or the abbreviation "P.A." | ation name must contain the word |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | SSET FIRE |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
|). If amending the registered agent and/or registered office address in Florida, enter t new registered agent and/or the new registered office address: | he name of the |
| Name of New Registered Agent | |
| (Florida street address) | · |
| New Registered Office Address: | , Florida |
| (City) | (Zip Code) |
| ew Registered Agent's Signuture, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the oblig | gations of the position. |
| Signature of New Registered Agent, if chang | ging |
| reck 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)

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. Example:

| X Change | PT Jol | nn Doc | |
|----------------------------|----------------------|----------|----------------|
| X Remove | <u>у</u> <u>мі</u> | ke Jones | |
| _X Add | <u>SV</u> <u>Sal</u> | ly Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address TALLE |
| !) Change | | | FEB FEB |
| Add | | | - |
| Remove | | • | SC > |
| 2) Change | | · — — | E.F. 06 |
| Add | | | - 5 |
| Remove 3) Change | - | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | - |
| Remove | | | |
| | | | |

| | (Be specific) | |
|---|--|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 17: |
| | | |
| | | |
| | | <u></u> |
| | | |
| | | |
| | | SC |
| | | m _o , |
| | | n=: |
| | : | 171 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| f an amendment provides for an excha | anda racionificati | |
| | inge, reclassification, or cancellation of issued shares, | |
| f an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A) | inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself: | |
| | inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself: | |
| | inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself: | |
| | inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself: | |
| | inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself: | |
| | inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself: | |
| | inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself: | |

| ~~ | 02/12/2024 | |
|--|---|----------------------|
| The date of each amendment(| s) adoption: | _, if other than the |
| date this document was signed. | | |
| Effective date if applicable: | 32/12/2024 | |
| meenve date <u>in appineable</u> . | (no more than 90 days after amendment file date) | - |
| Note: If the date inserted in the document's effective date on the | is block does not meet the applicable statutory filing requirements, this date will Department of State's records. | not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| the amendment(s) was/were action was not required. | adopted by the incorporators, or board of directors without shareholder action and | shareholder |
| ☐ The amendment(s) was/were by the shareholders was/were | | 2024 FEB 13 |
| ☐ The amendment(s) was/were must be separately provided | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): | EB 13 AM |
| "The number of votes of | ast for the amendment(s) was/were sufficient for approval | MII: 06 |
| by | • | Fy 🚍 💆 |
| | (voting group) | 6 |
| 02/12/2 Dated | 1024 | |
| Signature (By a selec | a director, president or other officer - if directors or officers have not been sted, by an incorporator - if in the hands of a receiver, trustee, or other court | - |
| appo | inted fiduciary by that fiduciary) | |
| | MARTINEZ MENDOZA, KADEL ALBERTO | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |

.