

2/12/24, 2:18 PM

P22 000019284

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H24000058680 3)))



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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.\*\*

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

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Corporate Filing Menu

Help



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

2024 FEB 13 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile 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.

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Tammi Cline  
Regulatory Specialist II Supervisor

FAX Aud. #: H24000058680  
Letter Number: 524A00003114

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: KD REMODELING CORP

DOCUMENT NUMBER: P22000019284

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUCIA ESTRELLA

Name of Contact Person

LICENSES & PERMITS

Firm/ Company

8300 WEST FLAGLER ST

Address

MIAMI, FL 33144

City/ State and Zip Code

LICENSES114@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUCIA ESTRELLA

Name of Contact Person

at: 305

226-8727

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 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

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2024 FEB 13 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

Articles of Amendment  
to  
Articles of Incorporation  
of

KD REMODELING CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P22000019284

(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) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

KDM MILLWORK Corp

The 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."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing 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 (1) (c), F.S.

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CLERK OF CIRCUIT COURT  
JANICE L. HASEL, CLERK

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:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

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 TALLAHASSEE, FL

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E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

Handwritten area for amending or adding additional Articles, consisting of multiple horizontal lines.

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CLERK OF STATE  
TALLAHASSEE, FL

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  
provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

N/A

Handwritten area for provisions for implementing the amendment, consisting of multiple horizontal lines.

The date of each amendment(s) adoption: 02/12/2024, if other than the date this document was signed.

Effective date if applicable: 02/12/2024  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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 \_\_\_\_\_  
(voting group)

Dated 02/12/2024

Signature

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARTINEZ MENDOZA, KADEL ALBERTO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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