

10/7/24, 3:53 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
P2200003380973

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.

((H24000338097 3)))



H240003380973ABC3

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 : PRIME INCOME TAX AND ACCOUNTING LLC
Account Number : 120210000201
Phone : (561)409-3106
Fax Number : (561)952-0315

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

Email Address: Primeincometax1@gmail.com

2024 OCT -7 PM 12:26

FILED

RECEIVED

2024 OCT -7 PM 4:34

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ON KITCHEN KABINETS CORP**

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

J. HORNE
OCT - 8 2024

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ON KITCHEN KABINETS CORP

DOCUMENT NUMBER: P22000027643

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

Please return all correspondence concerning this matter to the following:

RAFAELA NUNES VIEIRA

Name of Contact Person

PRIME INCOME TAX AND ACCOUNTING LLC

Firm/ Company

23269 STATE ROAD 7 SUITE 119

Address

BOCA RATON - FL - 33428

City/ State and Zip Code

PRIMEINCOMETAX1@GMAIL.COM

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

For further information concerning this matter, please call:

RAFAELA NUNES VIEIRA

Name of Contact Person

at (561) 409-3106

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

Articles of Amendment
to
Articles of Incorporation
of

FILED
2024 OCT -7 PM 12:26

ON KITCHEN KABINETS CORP

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

P22000027643

(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:

The new 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: _____, Florida _____
(City) (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 (11) (e), P.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:

☒ 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	V	LEONARDO BRUNO SEGURA	10870 OCEANO WAY
<input type="checkbox"/> Add			PARKLAND - FL - 33076
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	V	ANDERSON PINHEIRO BARBOSA	RUA CE., PINTO NOVAES, 64 AI
<input checked="" type="checkbox"/> Add			ITACARE, SAO VICENTE, SP, B
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	D	BRUNO RAPOSO T DESIDERIO	RUA DA MEACAO, 197 APT 172
<input checked="" type="checkbox"/> Add			ANALIA FRANCO, SAO PAULO
<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			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

PLEASE TO REMOVE VICE PRESIDENT: LEONARDO BRUNO SEGURA

AND ADD A NEW VICE PRESIDENT: ANDERSON PINHEIRO BARBOSA

AND DIRECTOR: BRUNO RAPOSO TENORIO DESIDERIO

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)

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

Effective date if applicable: _____
(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)

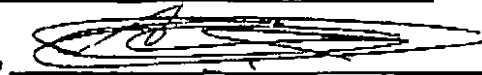
- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ 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 09/26/2024.

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)

ANDRE LUIZ DOS SANTOS PORTO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)