P2400017634

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
APR 2 3 2024				





700426922887

04/02/24--01044--004 •*52.50



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: AMADOR PREM	IER CABINETS CORP				
DOCUMENT NUMI	D24000017634					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following:				
	KARLA BEATRIZ VAZQUI	EZ AMADOR				
		Name of Contact Person				
	AMADOR PREMIER CABI	NETS CORP				
	Firm/ Company					
	1920 VENICE AVE N.					
		Address				
	LEHIGH ACRES, FL 33971					
		City/ State and Zip Code	;			
	AMADORCABINETS@OU	TLOOK.COM				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	n concerning this matter, plea	se call:				
KARLA B. VAZQUI	EZ .	at (239	571-2444			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Co 2415 N	Address Iment Section In of Corporations In the control of Tallahassee In Monroe Street, Suite 810 Inssee, FL 32303			

FILED

Articles of Amendment 2024 APR -2 PH 12: 40

	Articles of Amendment 2021
AMADOR DE	to to to
	Articles of Amendment 2024 APR -2 PH 12: 40
AMADOR PREMIER CABINETS CORP	of
P24000017634 (Name of Corn.)	13 12 131 31 31 31 31
tame of Corpo	Articles of Incorporation of
	currently filed
Piter	Dration as currently filed with the Florida Dept. of State) cument Number of Corporation (if known) ida Statutes, this Florida Profit Corporation adopts the following amendment(s
its A (Do	Cument N
Arneles of Incomers of section 607 100	Number of Corporation (is)
A. If a.	ida Status
Mamending name	outlies, this Florida Profit
A. If amending name, enter the new name of the of t	Corporation adopts the following
name must	corporation in the control of the co
"Inc." be distinguished.	zorauon:
"chartered," "professional association," or the abbrev B. Enter new principal office address, if applicable	Corporation: Diporation, ""company," or "incorporated" or the abbreviation "Corp.," viation "P.A." N/A PESS
"professional "Com"	Orporation ""
B. Enter - Inc.	or "Co" company, "or "inco-
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	viation "P A professional comporated" or the abbreviation "P
office address Miles address, if annu	P.A. "Corporation name must contain "Corp.,"
MOST BE A STREET	N/A
EI ADDR	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	
Mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
MAY BE A Dolicable:	
A POST OFFICE POW	
T BOX	N/A
D 70	
D. If amending the registered agent and/or registered office and registered agent and/or the new registered office and registered of New Registered Agent N/A	
new registered agent and agent	
agent and/or the new and/or registered age	
Name of New Parker of New Park	ce address in Florid
Registered Agent N/A	ddress:
	or cite
Manus p	
Floristered Office	
New Registered Office Address: N/A (Florid	da street address)
h'	10:
New Registered	(Ciry) Florida
hereby accept the Signature	(Zip Code)
the appointment as a changing Paris	(Op Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am families	nt:
am familiar	With and
I hereby accept the appointment as registered agent. I am familiar	and accept the obligation
- 1/m M	suions of the position.
The International March	
The amendment(a)	gistered Agent, if changing
Is/are being file	Agent, if changing
The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	58
3.007.0120711.	

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 (Attach additional sheets, if necessary) Please note the officer/director title by the first letter of the office title.

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 = (

Executive Officer: CFO = Chief Financial Officer If an officer/director holds more than one title list the first letter of each office is 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 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. Then a change. Mike Jones the corneration Salls, Smith is named the V and S. Thosa should be noted as John Doe, PT as a Char 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 and Sally Smith SV as an Add Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change X Remove	PT John D		These should be noted as John Doe, PT
X Add Type of Action (Check One)	SV Sally Sn		
1) Change X Add	Þ	KARLA BEATRIZ VAZQUEZ AM	Address 1920 VENICE AVE N
Remove 2) Change			LEHIGH ACRES, FL 33971
Add Remove Change	-		
Add Remove			
4) Change Add			
Remove 5) Change			
— Add — Remove			
6) Change Add			
Remove			

	(Attach additional Articles
	E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
	(Be specific)
_	
-	
-	
_	
If on	
Drov	amendment provides for a
(amendment provides for an exchange, reclassification, or cancellation of issued shares, (if not applicable, indicate N/A)
	y not applicable, indicate N/A) and amendment if not contained to a contained to
	the amendment itself.

The date of each amendmen date this document was signed	it(s) adoption:	
Effective date if applicable:	03/22/2024	, if other than
	(no man	
Note: If the date income	("O More	than 90 days after amendment file date)
document's effective date	his block does not man at	ment file date)
document's effective date on the	e Department of State's	applicable statutory filing
Adoption of Amendment(s)	outic s rec	e than 90 days after amendment file date) c applicable statutory filing requirements, this date will not be listed as ords.
—	(CHECK ONE	as the de listed as
The amendment(s) wmg/s	- SA ONE	s, or board of directors without shareholder action and shareholder
action was not required	adopted by the incorporate	
- required.	Laborporator	5, or board of directors without
The amendment(s)		The number of votes cast for the amendment(s)
by the shareholders was were a	idopted by the sharehold.	- onthe cholder
was/were	sufficient for approval	The number of votes care 6.
The amendment(s)	-ppioval.	cast for the amendment(s)
must be sengrated.	pproved by the shapet	through voting groups. The following statement to vote separately on the amendment(s)
provided fo	r each voting organic	through voting groups. The
"The number of	s group entitled	to vote sengret
		- separation A 1
or votes cas	I for the amendment(-)	separately on the amendment(s):
by	t for the amendment(s) was	through voting groups. The following statement to vote separately on the amendment(s): were sufficient for approval
by	ror the amendment(s) was/	to vote separately on the amendment(s): were sufficient for approval
by	(voting group)	were sufficient for approval
03/22/2024	ror the amendment(s) was/	were sufficient for approval ."
by	ror the amendment(s) was/	were sufficient for approval ""
by	ror the amendment(s) was/	were sufficient for approval ."
by	ror the amendment(s) was/	were sufficient for approval ""
Dated 03/22/2024 Signature	(voting group)	were sufficient for approval
Dated 03/22/2024 Signature Additional Control of the Additional Contr	(voting group)	were sufficient for approval
Dated 03/22/2024 Signature Additional Control of the Additional Contr	(voting group)	were sufficient for approval
Dated 03/22/2024 Signature Additional Control of the Additional Contr	(voting group)	were sufficient for approval
Dated	(voting group) (voting group) Ector, president or other offi by an incorporator – if in the if fiduciary by that fiduciary	cer – if directors or officers have not been thands of a receiver, trustee, or other and the second
Dated	(voting group) (voting group) Ector, president or other offi by an incorporator – if in the if fiduciary by that fiduciary	cer – if directors or officers have not been thands of a receiver, trustee, or other and the second
Dated	(voting group) (voting group) Coctor, president or other office of the fiduciary by that fiduciary) ARLA BEATRIZ VAZQUE	cer – if directors or officers have not been the hands of a receiver, trustee, or other court
Dated O3/22/2024 Signature (By a directed, appointed Appointed K.)	(voting group) (voting group) Ector, president or other offi by an incorporator – if in the if fiduciary by that fiduciary) ARLA BEATRIZ VAZQUE (Typed or printed n	cer – if directors or officers have not been the hands of a receiver, trustee, or other court
Dated O3/22/2024 Signature (By a directed, appointed Appointed K.)	(voting group) (voting group) Coctor, president or other office of the fiduciary by that fiduciary) ARLA BEATRIZ VAZQUE	cer – if directors or officers have not been the hands of a receiver, trustee, or other and the hands of a receiver, trustee, or other and the hands of a receiver, trustee, or other and the hands of a receiver, trustee, or other and the hands of a receiver, trustee, or other and the hands of a receiver, trustee, or other and the hands of a receiver, trustee, or other and the hands of a receiver.
Dated O3/22/2024 Signature (By a directed, appointed Appointed K.)	(voting group) (voting group) Cotor, president or other offit of in the induciary by that fiduciary) ARLA BEATRIZ VAZQUE (Typed or printed in ESIDENT	cer – if directors or officers have not been hands of a receiver, trustee, or other court EZ AMADOR Lame of person signing)
Dated O3/22/2024 Signature (By a directed, appointed Appointed K.)	(voting group) (voting group) Ector, president or other offi by an incorporator – if in the if fiduciary by that fiduciary) ARLA BEATRIZ VAZQUE (Typed or printed n	cer – if directors or officers have not been hands of a receiver, trustee, or other court EZ AMADOR Lame of person signing)

Articles of Amendment to Articles of Incorporation of

FILED 2024 APR -2 PH 12: 40

AMADOR PREMIER CABINETS CORP

(Name e	of Corporation as curren	ntly filed with the Florida Dept. of State)
P24000017634		11 1 - 1 8 1 - 1 8 7 2 1 E
	(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "(chartered," "professional association,"	Corp, " "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word A."
		N/A
 Enter new principal office address, Principal office address <u>MUST BE A S</u> 		
. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, <u> </u>	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
(Muning address MAT DE ATOST	OTTICE BOX	
D. 16 dis- shai-taxad accept a	nd/on resistant office o	ddress in Florida, enter the name of the
new registered agent and/or the ne		
None of No. Business decree	N/A	
Name of New Registered Agent		
	(Florida	a street address)
	N/A	istreet address)
New Registered Office Address:		(City) , Florida (Zip Code)
		(Cay)
New Registered Agent's Signature, if	changing Registered Ag	ent <u>:</u>
hereby accept the appointment as regis	stered agent. I am famili	ar with and accept the obligations of the position.
	~ 1	
	1/Pont	
	Simpton of No	w Registered Agent, if changing
	Signature of Net	и педыстей пдет, у спиндту

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, 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>John Do</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P		KARLA BEATRIZ VAZQUEZ AM	1920 VENICE AVE N
X Add		_		LEHIGH ACRES, FL 33971
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

amending or adding additional Arti tach additional sheets, if necessary).	(Be specific)	
		
<u> </u>		
if an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(ij noi upplicable, inalcule WA)		

	03/22/2024	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	22/2024	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	, , , , , , , , , , , , , , , , , , , ,	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	: will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
03/22/202	24	
Dated	·	
Signature	KBeaX)	
(By a	director, president or other officer - if directors or officers have not been	
	ted, by an incorporator - if in the hands of a receiver, trustee, or other court	•
appo	inted fiduciary by that fiduciary)	
	KARLA BEATRIZ VAZQUEZ AMADOR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	