P96000084087

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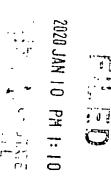
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: B AND M CABIN	ETS, INC.		
DOCUMENT NUM	P96000084087			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	itter to the following:		
	SARTORI, CESAR ANTON	NO		
		Name of Contact Person	1	
	B AND M CABINETS, INC			
		Firm/ Company		
	1592 VILLAGE GREEN DR	LUNIT O		
		Address		
	PORT ST LUCIE, FL 34952			
		City/ State and Zip Cod	e	
For further information	on concerning this matter, pleas		·	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
An	niling Address nendment Section	Amend	Address ment Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
	lahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

B AND M CABINETS, INC.			
(Name of Corporation as currently	filed with the Florida Dept. of State)		
P96000084087			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the fo	llowing amendn	nent(s) to
A. If amending name, enter the new name of the corporation:			
		The ne	'14'
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbr professional corporation name must	reviation "Corp.,	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2020 JAN 10	er ward
D. If amending the registered agent and/or registered office address:		PH 1: 10	
Name of New Registered Agent	<u></u>		
(Florida stre	ret 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 w	ith and accept the obligations of the pos	ition.	
Signature of New Re	gistered Agent, if changing		

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,

Change Change	<u>PT</u>	John Doe		
Kemove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
ype of Action Check One)	Title	<u>Name</u>	Address	
Change	MGR	EDSON SILVA FREITAS	1592 VILLAGE GREEN DR	
Add			UNIT O	
X Remove			PORT ST LUCIE, FL 34952	
Change				
Add				
Remove) Change				
Add				
Remove				
Change	<u></u>			
Add				
Remove				
Change				
Add			44 40.	
Remove			***	
Change				
Add				
Remove				
		Page 2 of 4		

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

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F. If an amendment provides for a provisions for implementing th	e amendment if n	ssification, or cancel ot contained in the a	llation of issued shares, amendment itself:	
(if not applicable, indicate N	//A)			
· · · · · · · · · · · · · · · · · · ·	·	•		
··· - ··				
	• • •			
	-			· · · · · · · · · · · · · · · · · · ·
		Page 3 of 4		
The date of each amendment(s) add	option:			if other than th
date this document was signed.		·-		
Effective data if any limbble 12/09/	/2019			
Effective date <u>if applicable</u> :	(no m	are than 90 days after	amendment file date)	
	(no me	er camera zo uruja ujiter	инститст зне шиез	

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 ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
The amendment(s) was/were adoption was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder
Dated	
Signature	Lowingand
(By a dir selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
(CESAR ANTONIO SARTORI
-	(Typed or printed name of person signing)
:	MGR PARTNER
-	Title of person signing)