## 547036

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: CLOSET DIMENSIONS INC. 547036 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Reneë C. Kohler
Name of Contact Person Closet Dimensions Inc. 18048 1344 Way N. Jupiter, F1. 33478
City/State and Zip Code Clodesian 94 @ Jahoo-com (clodesign 94 p yahoo.com)
E-mail address: Ro be used for future annual report notification) For further information concerning this matter, please call: Rence (Contact Person at 571 744 - 6326

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

**Mailing Address** 

☐ \$35 Filing Fee

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**☑**\$43.75 Filing Fee &

Certificate of Status

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy (Additional Copy

is enclosed)

Certificate of Status

## Articles of Amendment to Articles of Incorporation

rticles of Incorpor of

Closet Dimersions, Inc	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
547036	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	Thenew
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2019 OC. 31 P
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
Name of New Registered Agent NA	
·	
(Florida s	treet 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 familian	
Signature of New	Registered 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, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>c</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sn	nith			
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
l) Change		_				
Add						
Remove						
2) Change						
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Damene						

. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
	ange, reclassification, or cancellation of issued shares.  Inducent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u> </u>	
James A. Kohler	gives 5% shares to James G. Kohl
Benec C. Kohler	gives 5% straves to James G. Kohla
1	U
Shares as follow	2)5
James A. Kohl	
James G. Kehl	
Rener C-Kohi	10 Shaces

4.5

The date of each amendment(s) adoption: (5+ 2019) date this document was signed.	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Oct. 15+ 2019	
Signature Reple C. Kehler	
(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)	
Béneé C. Kohler	
(Typed or printed name of person signing)	
V-President	
(Title of person signing)	

. :