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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Jim Rinaldo's Ca	binetry Corporation	
DOCUMENT NUME			
	of Amendment and fee are su	abmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	Matthew E. Maggard, Esq		
		Name of Contact Perso	n
	Maggard Law Firm, PA		
		Firm/ Company	
	13134 US Highway 301		
	·	Address	
	Dade City, FL 33525		
		City/ State and Zip Cod	e
matt.	maggard@maggardlawfirn	n.com	
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Matthew Maggard		352at (458-4700
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 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)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Jim Rinaldo's Cabinetry Corporation

Jilli Killaido's Cabilletry Corporation			
(Name o	of Corporation as currently filed wi	th the Florida Dept. of State)	
S59909			
	(Document Number of Corporal	tion (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida F</i>	Profit Corporation adopts the following	; amendment(s)
A. If amending name, enter the new na	ime of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co". A		breviation
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	d/or registered office address in Flo		ا ي
New Registered Office Address:	Plant City	33567 , Florida	
New Registered Agent's Signature, if c	(City)	(Zip C	ode)
I hereby accept the appointment as regist	ered agent. I am familiar with and a		

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> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Jim Rinaldo	37828 Skyridge Cr
Add			Dade City, FL 33525-0836
X Remove			
2) Change	PCEO	Christopher W. Scott	4630 W. Knight's Griffin Rd.
X Add			Plant City, FL 33565
Remove			
3) Change	vcoos	Dean R. Gray	12832 Judy St.
X Add			Dade City, FL 33525
Remove			
4) Change	TCFO	Paul A. Labarbera	5006 S. Bugg Rd.
X Add			Plant City, FL 33567
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The second of th	ticles, enter change(s (Be specific)			
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f an amendment provides for an excl	hange reclassificatio	on or cancellation	n of icened charac	
provisions for implementing the amo	endment if not conta	ined in the amend	ment itself:	
(if not applicable, indicate N/A)				
	-			
				

	September 4, 2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	· · · · · ·
Note: If the date inserted in this t document's effective date on the Do	plock does not meet the applicable statutory filing requirements, this capartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendmen ifficient for approval.	t(s)
	proved by the shareholders through voting groups. The following stater each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	der
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Septembe Dated	er 4, 2018	
Signature	005	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	Christopher W. Scott	
	(Typed or printed name of person signing)	
	President, Director	
	(Title of person signing)	