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> 2020 SEP 14 AM 9: 31 SECRETARY OF STATE

10/23/20 OL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: UPHOLSTERY LI	EATHER INC.	
DOCUMENT NUME	ER: P190000076052		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	MASSIMO FABIANI		
		Name of Contact Person	1
	UPHOLSTERY LEATHER	INC.	
		Firm/ Company	
	1130 SE IST WAY		
		Address	
	BOCA RATON FLORIDA 3	13486	
		City/ State and Zip Code	2
	FABIANIMASSIMO@ME.0	СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further information MASSIMO FABIANI	concerning this matter, pleas	se call: at (683-2650
Name o	f Contact Person	at (at (de & Daytime Telephone Number
	the following amount made		•
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi: P.O.	ing Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

2020 SEP 14 AM 9: 31

(Name of Corporation as currently filed with the Florida Dept. of State All ACCEE, FL (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 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 MASSIMO FABIANI 1130 SE IST WAY (Florida street address) New Registered Office Address: (City) (Zip Code)	UPHOLSTERY LEATHER INC	SECRETARY OF A THE
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Name of New Registered Agent 1130 SE 1ST WAY (Florida street address) New Registered Office Address: , Florida		MASSIMO FARIANI
(Florida street address) New Registered Office Address: , Florida	Name of New Registered Agent	MASSIMO LADIAN
New Registered Office Address:		
New Registered Office Address: , Florida (Zip Code)		(Florida street address)
(City) (Zip Code)	New Registered Office Address:	:, Florida
		(City) (Zip Code)
(City) (Zip Code)	Name of New Registered Agent	MASSIMO FABIANI 1130 SE 1ST WAY (Florida street address)
		(City) (Zip Code)
	ar and a second of	
	New Registered Agent's Signature, if c	changing Registered Agent: Stard agent - Law familiar with and account the obligations of the position
New Registered Agent's Signature, if changing Registered Agent: Thereby are not the conjugate or registered agent. Lam familiar with and account the obligations of the position.	Thereby decept the appointment as region	fe /
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.		
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.		
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), 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> 6.1.</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Р	MARIA ISTOMINA	1130 SE 1ST WAY
Add X Remove			
2) Change X Add	Р	MASSIMO FABIANI	1130 SE IST WAY
Remove 3) Change			
Add Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove		_	

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fan	amendment pr	ovides for an exc	hange, reclass	ification, or ca	ancellation of i	ssued shares.	
prov	isions for impl	lementing the am	endment if not	t contained in	the amendmen	nt itself:	
-	(if not applicabl	le, indicate N/A)					
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			- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	 						
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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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
■ 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):	t
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
Dated 1 AUGUST 2020 Signature	
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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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