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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: THE SHADDALE	HOME FURNISHINGS (COMPANY
DOCUMENT NUM	BER: P19000023846		
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	HENRY RUIZ		
		Name of Contact Per	son
	H & L TAX ACC	COUNTING SERVICES	
		Firm/ Company	
	143301 SW 120 STREET O	F 105	
	-	Address	
	MIAMI FL 33186		
		City/ State and Zip Co	ode
	HENRY@HLTAXACCOUN	NTING.COM	
		sed for future annual repo	ort notification)
For further information	n concerning this matter, plea	se call:	
HENRY RUIZ		at (³⁰⁵	7524230
Name	of Contact Person		Code & Daytime Telephone Number
Enclosed is a check for	r the following amount made		
■ \$35 Filing Fee	☐ \$43.75 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 endment Section sion of Corporations Box 6327 chassee, FL 32314	Amer Divis The 0 2415	t Address adment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE SHADDAI HOME FURNISHINGS COMPANY

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(<u>Name o</u>	f Corporation as currer	tly filed with the Flor	ida Dept. of State)	
P19000023846				
	(Document Number	of Corporation (if know	wn)	
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	1006, Florida Statutes, th	s Florida Profit Corpo	ration adopts the follo	wing amendment(s)
A. If amending name, enter the new na	me of the corporation:			
√A				The new
ame must be distinguishable and contain 'Inc.," or Co.," or the designation "Co 'chartered," "professional association,"	orp," "Inc," or "Co".	A professional corpo		iation "Corp.,"
. Enter new principal office address, i	if applicable:	N/A		
Principal office address <u>MUST BE A ST</u>				-
				3
				<u> </u>
. Enter new mailing address, if applie	cable:			
(Mailing address MAY BE A POST C				
				, 0
				۔۔۔۔ دی
. If amending the registered agent and			r the name of the	-
new registered agent and/or the new		<u>'88:</u>		
Name of New Registered Agent	N/A	 		
	(Florida	street address)		
New Registered Office Address:			, Florida	
		(City)	(Zip Code)
iew Registered Agent's Signature, if che hereby accept the appointment as registe			bligations of the positi	on.
, , , ,,	,	•		
	04 4			
	Signature of New	Registered Agent, if ch	anging	
Check if applicable				

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	P	ALCONCHEL, DELCIA	10395 NW 41 ST STE 240
Add			MIAMI FL 33178
X Remove			
2) X Change	P	COLON, MANUEL E	10395 NW 41 ST STE 240
Add			MIAMI FL 33178
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			···
6) Change			
Add			····
Remove			

(Attach add	g or adding itional sheets	s, if necessar	ງາ). (Be s _i	pecific)	ior acte.				
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If an amen	dment prov	ides for an	exchange, i	eclassifica	tio <u>n, or can</u>	cellation of	issued share	25,	
provision	s for implem	enting the	<u>amendmen</u>	<u>t if not con</u>	tained in th	<u>ie amendme</u>	nt itself:		
	applicable,	inaicate 187,4	.)						
'A					_				
	-								
					•	-			
									

12/04/2020
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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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'''
by" (voting group)
12/04/2020
Dated
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 fiductary by that fiduciary)
(Typed or printed name of person signing)
RIERA, MARIA PEREZ / V P
(Title of person signing)