## K16161

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ORTEGA'S UPHO	DLSTERY, INC		
DOCUMENT NUM				
	es of Amendment and fee are su	bmitted for filing.		
Please return all cort	respondence concerning this ma	tter to the following:		
	FERNANDO R PALENZUE	CLA .		
		Name of Contact Person	1	
	F & G INSURANCE, INC			
		Firm/ Company	<del>.</del>	
	4259 SW 97TH CT	1		
	<del></del>	Address		
	MIAMI, FL 33165			
	<u> </u>	City/ State and Zip Code	e	
	TAXSERV@INCOMETAX	SERV COM		
	· ·	sed for future annual report		
For further informati	ion concerning this matter, plea	se call: at ( <sup>305</sup>	223-6564	
Name	e of Contact Person		de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depo	artment of State:	
\$35 Filing Fee	☐\$43.75 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)	
Mailing Address Amendment Section			Address Iment Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ORTEGA'S UPHOLSTERY, INC.

(Name of Corporation :	as currently filed with the Fl	orida Dept. of State UZZ [19]     Pil	
K16161		orida Dept. of States 022 2 1   Pil	1
(Document	t Number of Corporation (if k	nown)	_
Pursuant to the provisions of section 607,1006, Florida Statistics Articles of Incorporation:	atutes, this Florida Profit Cor	poration adopts the following amendment	s)
A. If amending name, enter the new name of the corp.	oration:		
		The new	
name must be distinguishable and contain the word "corpo". Inc., " or Co., " or the designation "Corp," "Inc," of "chartered," "professional association," or the abbrevia	r "Co". A professional cor	orporated" or the abbreviation "Corp.," poration name must contain the word	
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
	<del></del>		
	<del></del>		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	
	<del></del>		
D. If amending the registered agent and/or registered	office address in Florida, en	tor the name of the	
new registered agent and/or the new registered offi	ice address:	ter the name of the	
Name of New Registered Agent			
<del></del>	(Florida street address)		
Visco Dissilational COS and Addisonal		. Florida	
New Registered Office Address:	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered Agent: m familiar with and accent the	obligations of the position.	
The control of the approximation and a signature and a signatu	· · · · · · · · · · · · · · · · · · ·	7	
<del></del>	CM D : 14 PC	<del></del>	
Signatur	re of New Registered Agent, if	cnanging	
Check if applicable			

 $\square$  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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	BLANCA ORTEGA	10850 WEST FLAGLER ST
X Add			APT D-110, MIAMI FL 33174.
Remove			
2) Change		_	
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:  ((f not applicable, indicate N/A)	ttach <i>additional</i>	ding additional Articlesheets, if necessary).	(Be specific)			
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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 do	nte)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirem Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The follo for each voting group entitled to vote separately on the amenda	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated Signature <b>'⊁</b>	2/07/2022 Vheef//then	
sclo	a infrector, president overther officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, of something the interior of the fiduciary)	
	NOEL J ORTEGA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	