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Certified Copies	_ Certificates	s of Status
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R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FAI	BED, INC		
DOCUMENT NUMBER: P0000	00032652		
The enclosed Articles of Amendment	and fee are submitted for	r filing.	
Please return all correspondence conce	erning this matter to the i	following:	
FABIO C	DIAZ	1	<u></u>
	Name o		
2212 SW	8TH STREET	-\	
MIAMI FI		Address	
fahiodiazvile	city/ s la@yahoo.con	tate and Zip Code	
	dress: (to be used for fut		tification)
For further information concerning the	is matter, please call:		
FABIO C DIAZ		at (305	297 5238
Name of Contact Person	on		& Daytime Telephone Number
Enclosed is a check for the following	amount made payable to	the Florida Depart	ment of State:
	ate of Status Certi (Add	75 Filing Fee & fied Copy is osed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	ations	Division Clifton E 2661 Exc	ent Section of Corporations

Articles of Amendment to Articles of Incorporation of

FILED

FABED INC

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43.

(Name of Corporation as currently filed with the	Florida Dept. of State
P0000032652	The Country of the Co
(Document Number of Corporation ((if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "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>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(<u></u>	
	
D. If amending the registered agent and/or registered office ad-	
new registered agent and/or the new registered office addre-	<u>88:</u>
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
(Cir	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>
I hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.
Signature of New Registered	Agast 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	OTERO, MARIA E	2212 SOUTHWEST 8TH S
Add			MIAMI, FL 33135
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
 _			
6) L Change		_	
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
,	
n amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
ovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
11	
<u> </u>	

The date of each amendment(s) ad date this document was signed.	option:	, if other than th
Effective date <u>if applicable</u> :		
Effective date it applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 12/09/20	014	
Signature		
(By a d	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 court ed fiduciary by that fiduciary)	_
	FABIO C DIAZ	
	(Typed or printed name of person signing)	_
	PRESIDENT	

(Title of person signing)