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(Re	equestor's Name)	
(Ad	dress)	- · · · · · · · · · · · · · · · · · · ·
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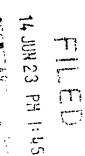
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: CALLA MATTALESS AND MORE, INC. DOCUMENT NUMBER: P0000085331
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joel Zuckenbeng Name of Contact Person CALLA MATTRESS AND MORE Firm/ Company 5412 NW9 th LANE Address
CALL A MATTRESS AND MORE
Firm/ Company
5412 NW 9th LANE
Address GA: NOS VILLE FI 37605 City/ State and Zip Code
City/ State and Zip Code
Joel Zee 560 & HOT MAIL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joel Zuckenbeng at (352) 258 1265 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

CAII A MATTRESS AND MORE, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

P 000000 85 331			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> its Articles of Incorporation:	Corporation add	pts the following	amendment
A. If amending name, enter the new name of the corporation:			
			The new
name must be distinguishable and contain the word "corporation," "company, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional "chartered," "professional association," or the abbreviation "P.A."		ated" or the ab	breviation
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 new registered agent and/or the new registered office address:	enter the name	of the	
Name of New Registered Agent			
		<u> </u>	-4
(Florida street address)		(m (m) (m (m)	<u></u>
New Registered Office Address:	, Florida	# (1) 	
(City)		(Zip Code): A	N 23 PM 1:
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.	Ω Έ
Signature of New Pagistared Agent if change	iua		

Signature of New Registered Agent, 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.

Example: X Change	PT John D	<u>loe</u>	
X Remove	V Mike J	ones	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add	p	AlcasaZuckonbers	5412 9thphe Gaines Ville, Fl 33605
Remove 2) Change Add	PST	Joel Zuckenberg	5412 NW 9# LANG GAINESUILLE, FI 32605
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
-			
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f an amendment provides for an exch	inge, reclassification, or cano	cellation of issued s	hares,
provisions for implementing the amer (if not applicable, indicate N/A)	ament it not contained in the	amenoment itself	<u>:</u>
**			
	<u> </u>		

The date of each amendment(s) adopt date this document was signed.	otion:	, if other than the
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	-
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch 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)	
	(voting group)	
The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 6/20	2cecherge	
Signature Signature	2 cecherberg	_
By a dire	otor, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
	Joel Zuckerberg (Typed or printed name of person signing)	_
	PAESIDENT PST	_
	(Title of person signing)	7
	から (2017年) (2017年)	F 1 L
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