PD1000056053

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CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <i>G</i>	MCIA-MATTHES INTEMORS, INC.
DOCUMENT NUMBER: POI	000056053
The enclosed Articles of Amendment and	d fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Emesi	Name of Contact Person)
GARCIA MATI	HES INTERIORS, INC. (Firm/Company)
_ 4040 NE	ZNP AVE SOITE 309 (Address)
miami,	FL 33139 (City/ State and Zip Code)
For further information concerning this n	natter, please call:
Ernesto Mathies (Name of Contact Person)	at (30S) 496-304/ (Area Code & Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to the Florida Department of State:
\$35 Filing Fee Statu Sertificate of Statu	\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of Status (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

Aru	cies of incorpor	auon	1
Gardia-M	athir s	Theri	ors inc
(Name of Corporation as curr	ently filed with the	he Florida Dept. of St	tate)
P0100005605	53		
	nber of Corporation	on (if known)	
Pursuant to the provisions of section 607.100 following amendment(s) to its Articles of Incomparison of the control of the con		es, this <i>Florida Profi</i>	t Corporation adopts the
A. If amending name, enter the new name of	f the corporation	<u>:</u>	
The new name must be distinguishable of "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.,	" or the designation	"Corp," "Inc," or
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			09 MAR -9 PM 12: 37
			PM 12: 37
D. If amending the registered agent and/or			•
new registered agent and/or the new regi	istered office add	ress:	
Name of New Registered Agent:		-/	
		•	
New Registered Office Address:	(Florid	la street address)	
		(City)	, Florida (Zip Code)
		(~	(Lip Couc)

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

removed an	d title, name, and address of each Offi		
(Attach addi	itional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	JOJE E GARCIA GALLUCCI	1541 Blickell Ave. Apt. 3406 Miany, Fl 33129	Add Remove
<u>D</u>	ERNESTO MANHE	Clar 126 E. RIVO MIAMY BEACH, FL 33139	ALTO OL. Add Remove
			_ Add _ Remove
	ling or adding additional Articles, ente		
provisio	nendment provides for an exchange, re ons for implementing the amendment is ot applicable, indicate N/A)		

*The date of each amendment(s) adoption:3-0	03-09
Effective date if applicable:	
(no more than 90 days after	er amendment file date)
Adoption of Amendment(s) (CHECK ON)	<u>E</u>)
The amendment(s) was/were adopted by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entity.	
"The number of votes cast for the amendment(s) w	vas/were sufficient for approval
by	
(voting group)	
The amendment(s) was/were adopted by the board of daction was not required.	irectors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporat action was not required.	ors without shareholder action and shareholder
Dated 03 09	
Signature	lathi
(By a director, president or other	or officer – if directors or officers have not been fin the hands of a receiver, trustee, or other court ciary)
Einest	ted name of person signing)
()1	2-010) (D- New)
(Title of	person signing)