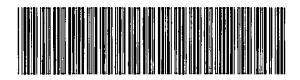
P02000055030

(Requestor's Name)
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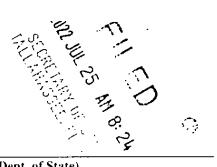
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: MISTER FURNIT	URE INC.	
	IBER: P02000055030		
The enclosed <i>Article</i>	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Joseph Villate		
		Name of Contact Persor	<u> </u>
	Joseph Villate CPA		
		Firm/ Company	
	PO Box 144335	, -	
		Address	
	Coral Gables, FL 33114		
		City/ State and Zip Code	
	VillateCPA@BellSouth.Net		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Joseph Villate		at (<u>305</u>	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 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 Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314		Amend Divisie The C	Address ment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



MISTER FURNITURE INC.

(Name of Corporation	as currently filed with the F	lorida Dept. of State)	
P02000055030			
(Documer	nt Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Con	rporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new name of the corp	poration:		
Mr. Furniture Inc			The new
name must be distinguishable and contain the word "corp." "Inc.," or Co.," or the designation "Corp." "Inc." o "chartered," "professional association," or the abbrevia	or "Co". A professional coi	corporated" or the abbrevi rporation name must con	ation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>ESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		nter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	ťŽ	lip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the appointment of the control of the c		e obligations of the positio	n.
Signate	irc of New Registered Agent, ij	fchanging	
Check if applicable			

☐ 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	PT	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
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Remove			
6) Change			
Add			
Ramovo			

Attach additional sheets, if necessary).	(Be specific)	
		
		-
•		
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
*· · · · · · · · · · · · · · · · · · ·		

	07/05/2022	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareh-	older action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the am sufficient for approval.	endment(s)
	oproved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
07/07/20 Dated Signature	seit tillale	
sélec	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or oned fiduciary by that fiduciary)	
	Joseph Villate	
	(Typed or printed name of person signing)	
	Accountant / Fiduciary	
	(Title of person signing)	