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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Val's Upholstery,	Inc.	
DOCUMENT NU	PO5000113060		
The enclosed Article	les of Amendment and fee are su	abmitted for filing.	
Please return all con	rrespondence concerning this ma	tter to the following:	
	Carlos Argoti		
		Name of Contact Perso	n
	Val's Upholstery, Inc.		
		Firm/ Company	
	1320 Rail Head Blvd. #9		
		Address	
	Naples, Florida 34110		
		City/ State and Zip Cod	e
va	lsupholstery@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, pleas	se call:	
	•		444 4004
Carlos Argoti	10 B	at (<u>239</u>	
Nan	ne 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:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Val's Upholstery, Inc.				
(Name of	Corporation as currently	filed with the Florida	Dept. of State)	
PO5000113060				
	(Document Number of C	Corporation (if known)	· · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this Fi	orida Profit Corporati	on adopts the follo	wing amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:			
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional association	tion "Corp," "Inc." or "Co	o". A professional coi		
B. <u>Enter new principal office address, if</u> (Principal office address <u>MUST BE A ST</u>	applicable: REET ADDRESS			
C. Enter new mailing address, if application (Mailing address MAY BE A POST O				
D. If amending the registered agent and new registered agent and/or the new		is in Florida, enter the	e name of the	
Name of New Registered Agent	N/A		· - ·	
-	(Florida stree	t address)		
New Registered Office Address:			, Florida	
	(0	City)	()	Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register		th and accept the oblige	ations of the positio	on.
	Signature of New Res	gistered Agent, if chang	ring	

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change		Valerie White	4465 Little Hickory Rd.
Add			Bonita Springs, Florida
X Remove			34134
2) Change	VS	Edna Argoti	9759 Glen Heron Drive
X Add			Bonita Springs, Florida
Remove			34135
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6 Channa			
6) Change			
Add			
Remove			

E. <u>If amendir</u> (Attach <i>add</i>	ng or adding additional A ditional sheets, if necessar	Articles, enter change v). (Be specific)	e(s) here:		
N/A					
19/4			· · · · · · · · · · · · · · · · · · ·		
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provision	ndment provides for an e as for implementing the a	mendment if not con	tion, or cancellation of	of issued shares, nent itself:	
(if no	t applicable, indicate N/A)			
······					
	-				
		····			
	1				
				-	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		<u></u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	07/20/2018	
Signature	Correct Contract Cont	
	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	cied, by an incorporator – if in the hands of a receiver, trustee, or other court of interesting by that fiduciary)	
арр	omice neuclary by that neuclary)	
	Carlos Argoti	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	