## P06000010344

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: <u>Opiv<b>ersa</b>l</u>	, FURNITURE SO	OLUTIONS, THE
DOCUMENT NUM	BER: <u>P06000010</u> :	344	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	STEUS	NJ KRANZBER	4
		Name of Contact Persor	
		Firm/ Company	<del></del>
	140 SPR,	Address	
	A LTAMONE	E SPL. 465 FC City/ State and Zip Code	<u> </u>
		,	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	on concerning this matter, pleas	se call:	
	KRANZBER6	at ( <u>314</u>	4 <del>26</del> 267-1197
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		ment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

(Name of Corporal	tion as currently filed with the Flori	iua Dept. or state)
P06	0000/0344	
(Docu	iment Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006. Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corpor	ration adopts the following amendment(s
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "a "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abbi	" or "Co". A professional corpor	
B. Enter new principal office address, if applicab	le:	
(Principal office address <u>MUST BE A STREET AD</u>	ODRESS )	
		<del></del>
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>O.Y</u> )	
D. If amending the registered agent and/or regist new registered agent and/or the new registered		the name of the
	a office address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address;		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	egistered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the ob	oligations of the position.

Signature of New Registered Agent, if changing

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	<u> PT</u>	<u>John Doe</u>	
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	<u> </u>	EILEEN MARKO WHIT	E 140 SPRING WOOD TRAIL
X Add			ALTAMONTE SPRINGS, FL 3274
Remove			·
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
<del></del>	<del></del>	
<del>-</del>		
<del></del>		
		<del></del>
	<del> </del>	
If an amendment provides for an exchaprovisions for implementing the ame	nge, reclassification, or cancellation dment if not contained in the amend	<u>of issued shares,</u> dment itself:
provisions for implementing the ame (if not applicable, indicate N/A)		
· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption: 8/15/2022 if other to date this document was signed.
Effective date if applicable: 8/15/2022  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)
Dated 8/15/22
Signature At L
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
STEVEN J. KRANZBERG
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)