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Special Instructions to	Filing Officer:	
		





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COVER LETTER

₹. TO: Amendment Section Division of Corporations EXTREME SURFACES DESIGN CENTER INC NAME OF CORPORATION: PO6P000106752 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YOAV ARTMAN Name of Contact Person ECXTREME SURFACES DESIGN CENTER INC Firm/ Company 20335 BISCAYNE BLVD # L16/L17 Address AVENTURA, FLORIDA 33180 City/ State and Zip Code yoavartman3@gmail.com.daniel.elmaliach@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 347 513-5307 Yoay Artman Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation \mathbf{of}

Extreme Surfaces Design Center Inc.

(<u>Name o</u>	f Corporation as currently	filed with the Florida	a Dept. of State)	
P06000106752				
	(Document Number of	Corporation (if known))	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	Aorida Profit Corpora	tion adopts the following amen	idment(s) t
A. If amending name, enter the new na	me of the corporation:			
			The	new
name must he distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". A			
B. Enter new principal office address, i (Principal office address MUST BE A ST				_
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST (</u>				_
D. If amending the registered agent an new registered agent and/or the new	v registered office address:		he name of the	
Name of New Registered Agent	Yoav Artman			
	7696 NW 5th Street Apt 21	D		
New Registered Office Address:	(Florida stre Plantation	ret address)	33324 , Florida	
the state of the s	((City)	(Zip Code)	_
New Registered Agent's Signature, if cl I hereby accept the appointment as registe	hanging Registered Agent: ered agent. I am familiar w	ith and accept the obli	gations of the position.	2020 M

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:	DT Lot	un Dou	
X Change	<u>PT</u> <u>Joł</u>	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	l <u>y Smith</u>	
Type of Action	<u>Title</u>	<u>Name</u>	Address
(Check One)	President	Ofer Cahlon	5421 N 36th CT
1) Change			Hollywood FL 33021-2327
Add X			
Remove	Secretariy	Yoav Artman	7696 NW 5th St Apt 2D
2) Change Add			Plantation, FL 33324
	VP	Daniel Elmaliach	
Remove Change X Add			20335 Biscayne Blvd # L16717 Aventura FL 33480
Remove			
4) Change	VP 	Ben Elmaliach	20335 Biscayne Blvd # L16/17
X Add			Aventura FL 33180
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. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,

The date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date <u>if applicable</u> :	nore than 90 days after amendment file date)
(no	nore man 50 days after amenament file date)
Note: If the date inserted in this block does not me document's effective date on the Department of State	et the applicable statutory filing requirements, this date will not be listed as the s records.
Adoption of Amendment(s) (CHECK	ONE)
The amendment(s) was/were adopted by the incorpaction was not required.	orators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro-	volders. The number of votes cast for the amendment(s) ral.
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group	cholders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes cast for the amendmen	t(s) was/were sufficient for approval
by Arte (voting gr	Calcon."
Dated 3 5 20	ζύ
Signature (Duadianta analysis)	r other officer – if directors or officers have not been
	or – if in the hands of a receiver, trustee, or other court
appointed fiduciary by the	at fiduciary)
·	or printed name of person signing)
	of person signing)
(Title	of person signing)