# P08000095106

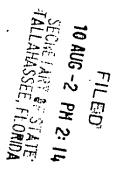
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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF COR	RPORATION:FAMILY MATTRESS & MORE, INC			RE, INC
DOCUMENT N	NUMBER: P08000095106			<u> </u>
The enclosed Arti	cles of Amendment and 1	fee are submit	ted for filing.	
Please return all c	orrespondence concernin	g this matter t	o the following:	
		HENRY (	DCACIO	
		Name of Cor	<del></del>	· · ·
		Firm/ Co	mpany	
	8518 NEBRASKA AVE.			
		Addr	ess	
•			FL 33604 d Zip Code	
	JOC(	CO82@GM	•	***************************************
For further inform	nation concerning this ma		•	
<u></u>	IENRY OCACIO -	at-(_	813 )	531-8917
Name of Contact Person			Area Code & Daytime To	elephone Number
Enclosed is a chec	k for the following amou	int made payal	ble to the Florida Depa	ertment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Ce	3.75 Filing Fee & ertified Copy dditional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ame Divi	et Address endment Section sion of Corporations on Building	·

2661 Executive Center Circle

Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation**

#### FAMILY MATTRESS & MORE, INC.

#### (Name of Corporation as currently filed with the Florida Dept. of State)

#### P08000095106

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

	N/A		<del></del>	The-
ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or ame must contain the word "chartered," "	the designation "C	orp," "Inc," or	"Co". A professi	
B. Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>		<u>N/A</u>		AHASSEE
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF				FI STATE , FLORIDA
. If amending the registered agent and/o new registered agent and/or the new re			ida, enter the nam	ne of the
			ida, enter the nam	ne of the
new registered agent and/or the new re	N/A		···	ne of the
new registered agent and/or the new re Name of New Registered Agent:	N/A	dress: ida street address	···	ne of the

## 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u> </u>	JUAN D LONDONO	3202 COLWELL AV. APTO 1806 TAMPA. FL 33614	
<u>D</u>	JUAN D LONDONO	3202 COLWELL AV. APTO 1806 TAMPA, FL 33614	□ Add ☑ Remove
	ling or adding additional Articles, ente		
F If an am	endment provides for an exchange, re	classification or cancellation of	Fissuad shares
provisio	ns for implementing the amendment in the applicable, indicate N/A)		
N/A ` ~~		-	

The date of each amendmen	t(s) adoption: 08/0	01/2010
Effective date if applicable:	08/01/2010	(date of adoption is required)
,	(no more than 90	days after amendment file date)
Adoption of Amendment(s)	(CHE	CK ONE)
The amendment(s) was/we by the shareholders was/w		hareholders. The number of votes cast for the amendment(s) oproval.
		shareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):
		ment(s) was/were sufficient for approval
by	(voting group)	and the second s
The amendment(s) was/we action was not required.	ere adopted by the b	oard of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the ir	ncorporators without shareholder action and shareholder
Dated	1-30-2010	<u> </u>
sele		nt or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court that fiduciary)
	HCNF (Type	ed or printed name of person signing)
	(Title of F	Siden + · · · · · · · · · · · · · · · · · ·