P09000086552

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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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11/2/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Elite P	atio Fu	ırniture Repair a	nd Sa	es, Inc
DOCUMENT NUMBE	R:		P0900008655	52	
The enclosed Articles of	Amendment and fee are	e submitt	ed for filing.		
Please return all correspo	ondence concerning this	matter to	o the following:		
	Kamlawatte Rai				
	Nai	me of Con	tact Person		
	Elite Patio Fur	niture R	epair and Sales, In	iC	
		Firm/ Co	mpany -		
	32	9 Hanfo	ord Road		
	<u></u>	Addr			<u> </u>
	D - 1	D	EL 00000		
			FL 32908 d Zip Code		
	·		·		
	E-mail address: (to be used	for future	annual report notification	1)	
For further information c	oncerning this matter, p	lease cal	1:		
Kamla	watte Rai	at (_	321	987-4	177
Name of Con	tact Person		Area Code & Daytime	Telephon	e Number
Enclosed is a check for the	ne following amount ma	de payat	ole to the Florida Dep	artment	of State:
	\$43.75 Filing Fee & Certificate of Status	Ce	3.75 Filing Fee & rtified Copy Iditional copy is enclosed	t) (52.50 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		Amer Divis Clifto 2661	et Address ndment Section sion of Corporations on Building Executive Center Ci hassec, FL 32301	rcle	

Articles of Amendment
to
Articles of Incorporation
of

Elite Patio Furniture Repair and Sales, Inc

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

POGO0086552

POGO0086552 (Document Number of Corporation (if known)

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corporation:		
	Tha	พอน
ignation "Corp," "Inc,	"company," or "incorporated" or c," or "Co". A professional corpora	the
ole: DDRESS)		
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30X)		
	n Florida, enter the name of the	
a once address.		
(Florida street a	ddress)	
	, Florida	
(City)	(Zip Code)	
egistered Agent:		
	word "corporation," ignation "Corp," "Indonal association," or ole: DDRESS) BOX) dered office address in d office address: (Florida street a	The word "corporation," "company," or "incorporated" or ignation "Corp," "Inc," or "Co". A professional corporational association," or the abbreviation "P.A." DIE: DDRESS GET 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>		Name	Address	Type of Action
•	<u>VP</u>	Sham Rai	492 Firestone Street NE Palm Bay, FL 32907	☐ Add ☐ Remove
				Add Remove
	, , , , , , , , , , , , , , , , , , , 			☐ Add
		or adding additional Articles, enter of ional sheets, if necessary). (Be specifically specifical		
	rovisions	dment provides for an exchange, reclifor implementing the amendment if numbers of the pplicable, indicate N/A)		

The date of each amendmen	t(s) adoption: 10/26/2009
Effective date if applicable:	10/26/2009 (date of adoption is required)
***************************************	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder
action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_10/2	26/2009
Signature	
selo	director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Sham Rai
	(Typed or printed name of person signing)
	VP
	(Title of person signing)