P09000093568

(Re	equestor's Name)	
(Ac	ldress)	···-
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number))
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TO: Amendment Section Division of Corporations

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	RATION: DECOR 20 BER: P0900009356		INC.
	of Amendment and fee are su		
Please return all corres	spondence concerning this ma	tter to the following:	
	GARY SCHWAR	TZMAN	
		Name of Contact Persor	1
	DECOR 2 GO FL	JRNITURE	
		Firm/ Company	
	14530-50 BISCA	YNE BLVD	_
	NODELLANA	Address	
	NORTH MIAMI B		
		City/ State and Zip Code	
gar	y@decor2gofurnit	ture.com	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
GARY SCHV	VARTZMAN	at (786	207-2793
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Fiting 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)
Amo	ling Address Indinent Section Sion of Corporations	Amend	Address ment Section n of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

10

DECOR 2 GO FURNITURE INC		. of State)		
(Document Number o	f Corporation (if known)			
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	da Statutes. this <i>Florida Pro</i>	fit Corporation adopts the followi	ng amen	ndment(s
A. If amending name, enter the new name of the c	corporation:			
			The	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co". A pre	ny," or "incorporated" or the offessional corporation name must	abbrevia contain	ation 1 the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)	<u>DRESS</u>)		_	
	· · · · · · · · · · · · · · · · · · ·		_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		_	
			- 	<u>5</u>
			_ 30EC	NO SECRE
D. If amending the registered agent and/or registered new registered agent and/or the new registered		da, enter the name of the	-2	TARY OF CORN
Name of New Registered Agent			=======================================	NESA AIS
- · · · · · · · · · · · · · · · · · · ·	(Florida street address)		of l	हरू ती ह
New Registered Office Address:		. Florida	_	
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Red I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and acc			

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 Doc	
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
() Change	s	LYUDMILA NUNAN	2704 TRITT SPRINGS
Add			TRCE NE
Remove			MARIETTA, GA 30062-526
2) Change			
☐			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artice (Attach additional sheets, if necessary).	(Be specific)
11 1 / E	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11. 07.13	
Signature	 -
(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)	
Gary Schwartzman	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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