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Office Use Only



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SECRETARY OF STATE AT TALLAHASSEE, FLORIDA

Amend aug5/10

#### <u>COVER LETTER</u>

35

**TO:** Amendment Section Division of Corporations

CARIBE UPH	DRESTE PINO me of Contact Person  IOLSTERY & SUPPLY INC	
Please return all correspondence concerning this concerning th	DRESTE PINO me of Contact Person  IOLSTERY & SUPPLY INC	
Nan  CARIBE UPH	DRESTE PINO me of Contact Person  IOLSTERY & SUPPLY INC	
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	0 NW 14 STREET # 8	
•	Address	
The state of the s	/II, FLORIDA 33125	
City	y/ State and Zip Code	
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EDELUAS02	4@COMCAST.NET for future annual report notification)	
E-mail address, (to be used i	in takure annual report nontications	
For further information concerning this matter, p	olease call:	
ORESTE PINO	at ( 786 ) 715-8714	
Name of Contact Person	Area Code & Daytime Telephone Number	
. Number Contact Ferson	And Code & Baytime Pelephone Names	
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:	
✓ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fe Certified Copy (Additional copy is enclosed)  Certificate of State Certified Copy (Additional Copy	atus
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section	

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

#### CARIBE UPHOLSTERY & SUPPLY INC.

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

P.	10000028297		ı.	
(Document N	lumber of Corporat	ion (if known)	***	
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		tes, this <i>Florida</i>	Profit Corporation	adopts the follo
A. If amending name, enter the new name	e of the corporation	<u>.n:</u>	:	
••	N/A		,	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "C	Corp," "Inc," or	"Co". A profession	orated" or the nal corporation
B. Enter new principal office address, if a	pplicable:	N/A		
(Principal office address MUST BE A STR	EET ADDRESS )			
		1 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
D. If amending the registered agent and/o new registered agent and/or the new registered agent age			ida, enter the name	of the
Name of New Registered Agent:	N/A		•	
- twine of the state of the sta				
New Registered Office Address:	(Flor	ida street addres	s)	
	N/A		, Florida	
	(City)	)	(Zip Code)	
New Registered Agent's Signature, if char I hereby accept the appointment as registere	d agent. I am fam	Agent: iliar with and ac		of the position.

## 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> </u>	NICHOLAS D. PINO	2210 NW 14 STREET # 8 MIAMI, FLORIDA 33125	☐ Add ☐ Remove
			<u>.</u> □ Add
			Remove
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	ing or adding additional Articles, editional sheets, if necessary). (Be s		•
N/A		:	
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		reclassification, or cancellation of	
	ns for implementing the amenument applicable, indicate N/A)	nt if not contained in the amendmen	it itseii:
N/A			
	••		,

The date of each amendmen	t(s) adoption: JUNE 14, 2010	
Effective date if applicable:	JUNE 14, 2010 (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 arevere sufficient for approval.	nendment(s)
	ere approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amendme	
"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 ere adopted by the incorporators without shareholder action and shareholder action	
Dated_JUN Signature_	NE 14,2010  Alresto Lice	
(B)	y a director, president or other officer – if directors or officers have ected, by an incorporator – if in the hands of a receiver, trustee, or opointed fiduciary by that fiduciary)	
	ORESTE PINO	_
	(Typed or printed name of person signing)	
	PRESIDENT	-
	(Title of person signing)	