P10000033983

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COVER LETTER

NAME OF CORPORATION: EVELG ADES PALLETS INC.

DOCUMENT NUMBER: P100000 33983

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAEL CAMACHO

Name of Contact Person

Firm/ Company

1067 BLUE WOOD TERRACE

Address

Weston Florida 33327

City/ Slate and Zip Code

Rafalkanacho Bell South. Net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

No law do Lizano

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee

TO: Amendment Section

□\$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)

Mailing Address

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

EVERGIADES PAIR	ets Inc.	_
(Name of Corporation as currently filed with the	Florida Dept. of State)	•
P100000 33983		
(Document Number of Corporation ((if known)	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
TMATTRESS ONLY	COPP	ari
name must be distinguishable and contain the word "corporation	on," "company," or "incorporated" or the al	_The new bbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or	"Co". A professional corporation name must of	
word "chartered," "professional association," or the abbreviation	"P.A."	ot
B. Enter new principal office address, if applicable:	8961 SW 40.	<i>></i> /.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami, F/ 33/3	55
	, , , , , ,	-
		1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8461 SW 40TH ST	Γ.
(Mulling dutiess MAT BE AT USA OFFICE BUA)	Him 1 22/6	. '
	Maml, 1- 32/33)
		-
D. If amending the registered agent and/or registered office add	iress in Florida, enter the name of the	
new registered agent and/or the new registered office addres		→ ₹0
Name of New Registered Agent		2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Florida si	treet address)	27 四部計
New Registered Office Address:	, Florida	
(City		
		- 17
		~ @
New Registered Agent's Signature, if changing Registered Agen 1 hereby accept the appointment as registered agent. 1 am familiar	t: with and accept the obligations of the position.	
,		
Signature of New Registered	Agent, if changing	

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 Doe	
X Remove	<u>v</u> .	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			····
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			<u></u>
Add			
Remove		•	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

The date of each amendment(s) ad	loption:	, 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 add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	24/20/4	
Signature	irector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
	Rolando Lizano	
	(Typed or printed name of person signing)	
	President.	

(Title of person signing)