P11000036223

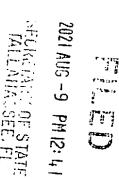
(Requestor's Name)			
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PICK-UP	WAIT MAIL			
(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

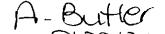
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Z'S FINE FURNITURE INC P11000036223 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GERRY VALDES-SANCHEZ CPA Name of Contact Person HYDE PARK ACCOUNTANTS PA Firm/ Company 2901 W BUSCH BLVD UNIT 805 Address TAMPA, FL 33618 City/ State and Zip Code GERRY@HYDEPARKACCOUNTANTS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 259-4529

Area Code & Daytime Telephone Number GERRY VALDES-SANCHEZ CPA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee ☐\$43.75 Filing Fee & \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

FILED

Z'S FINE FURNITURE INC

(Name of Corporation as c	currently filed with the Florida Dept. 6 (State) 9 Pfi 12: 4
P11000036223	STOPETED TOP STATE
(Document Nu	umber of Corporation (if known) TOLLANDSEE, FL
Pursuant to the provisions of section 607.1006, Florida Statut is Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corporat	ition:
NA/	The new
name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or "("chartered," "professional association," or the abbreviation	tion, ""company, "or "incorporated" or the abbreviation "Corp.," (Co". A professional corporation name must contain the word "P.A."
	N/A
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
 If amending the registered agent and/or registered offinew registered agent and/or the new registered office: 	
Name of New Registered Agent N/A	
	lorida street address)
New Registered Office Address:	(City), Florida (Zip Code)
	•
lew Registered Agent's Signature, if changing Registered	
hereby accept the appointment as registered agent. I am fa	amiliar with and accept the obligations of the position.
Signature of	f New Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

PT John Do	<u>oc</u>				
V Mike Jo	Mike Jones				
SV Sally Sr	<u>nith</u>				
<u>Title</u>	Name	Address			
S	GAGE ZAYAS	4401 W JEAN ST			
		TAMPA, FL 33614			
	 				
	V Mike Jo SV Sally So Title	V Mike Jones SV Sally Smith Title Name			

Α	aaiiionai sneeis, ij necessary,	rticles, enter change(s). (Be specific)			
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16		rahanga rualassifiaatis	n or appeallation of i	reuad charas	
II WU WIL	endment provides for an ex ons for implementing the ar	mendment if not conta	ined in the amendmen	nt itself:	
provisi	not applicable, indicate N/A)				
provisi					
provisi (if					
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<u>provisi</u> (<i>if i</i>					
provisi (if					
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	deption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment ufficient for approval.	(s)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
07/23/20	21	
DatedSignature	Mind a In	
(By a c	firector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other cou	
	ated fiduciary by that fiduciary)	11 \$
	MR. MICHAEL ZAYAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	