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SECRETARY OF STATE
ALLAMASSEE STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MIRACLE FURN	NITURE INC.	
DOCUMENT NUMBER: P11000038338		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
LUZ M. GONZALEZ		
	Name of Contact Person	
	Firm/ Company	
7534 N. ARMENIA AVE.		
	Address	
TAMPA, FL 33604		
	City/ State and Zip Code	
martinezluz281@yahoo.com		V
E-mail address: (to be us	ed for future annual report no	otification)
For further information concerning this matter, pleas	e call:	
LUZ M. GONZALEZ	at (401 9754
Name of Contact Person	Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depart	ment of State:
\$35 Filing Fee \$\times \text{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	Division Clifton B	ent Section of Corporations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MIRACLE FURNITURE INC	
(Name of Corporation as currently filed with the	ne Florida Dept. of State)
P11000038338	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> its Articles of Incorporation:	**Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professord "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	I A∷ 16
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	EAR S
	<u> </u>
	29 SSE 29
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
The same of the sa	8
	<u> → </u>
D. If amending the registered agent and/or registered office address in Floridanew registered agent and/or the new registered office address:	a, enter the name of the
LUZ M. GONZALEZ	
Name of New Registered Agent	
7534 N. ARMENIA AVE	
(Florida street address)	
New Registered Office Address TAMPA	33604 Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accep	
Signature of New Registered Age	nt, 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>	Address
1) X Change	P	LUZ M. GONZALEZ	7534 N. ARMENIA AVE.
Add		-	TAMPA, FL 33604
Remove			
2) Change	P	JUAN P. GARCIA	7534 N. ARMENIA AVE.
Add		· -	TAMPA, FL 33604
X Remove		-	
3)Change			
Add		-	
Remove		-	
4) Change			
Add			
Remove			
5) Change		· 	
Add			
Remove		_	
6) Change			
Add		-	
Remove			

V/A		(Be specific)	e(s) here:		
7/12	ch additional sheets, if necessary).	(be specific)			
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'. <u>If an</u> Droy	amendment provides for an excha	inge, reclassifica	ation, or cancellation	on of issued share	<u>s.</u>
prov	amendment provides for an exchavisions for implementing the amen (if not applicable, indicate N/A)	inge, reclassifica dment if not co	ation, or cancellation ntained in the ame	on of issued share idment itself:	<u>S.</u>
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pro	visions for implementing the amen	ange, reclassific	ation, or cancellation and in the ame	on of issued share adment itself:	S.

' '09/23/2016	
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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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 Dated	
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)	
LUZ M. GONZALEZ	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)