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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Brownstone Ho	spitality Interiors	, Inc			
DOCUMENT NUMBER:	P11000099424					
The enclosed Articles of Amend	<i>lment</i> and fee are su	abmitted for filing				
Please return all correspondence	concerning this ma	tter to the following	ng:			
		Brian Law	ley			
	Name of Contact Person					
	Firm/ Company					
		7509 Exchan	ge Drive			
		Addre	ss			
		Orlando, Fl	32809			
		City/ State and	l Zip Cod			
	brian.brov	wnstonehospitality	y@gmail.e	com		
E-ma	nil address: (to be us	sed for future annu	ual report	notificatio	on)	
For further information concerni Brian Lawley	ng this matter, pleas	se call:	407		299-2719	
		at (_)		
Name of Contact	Person		Area Co	de & Dayi	ime Telephone Number	
Enclosed is a check for the follow	wing amount made	payable to the Flo	rida Depa	rtment of	State:	
<u> </u>	3.75 Filing Fee & rtificate of Status	□\$43.75 Filing Certified Cop (Additional co- enclosed)	рy	Certii Certii (Addi	O Filing Fee ficate of Status fied Copy itional Copy closed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Brownstone Hospitality Interiors, Inc

(Name of Corpo	ration as currently filed w	ith the Florida Dept. of State)	
PIIC	000099424			
(Do	ocument Number of Corpora	tion (if known)		
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida I</i>	Profit Corporation adopts the fo	ollowing amend	ment(s)
A. If amending name, enter the new name of th	ne corporation:			
				ew
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp, " "Inc," or "Co". A	ipany," or "incorporated" or professional corporation name	the abbreviati must contain t	on he
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A				-
				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			ÄN T	- <u>-</u>
				- 11
D. If amending the registered agent and/or reginew registered agent and/or the new registe		orida, enter the name of the	FLOX	T C
Name of New Registered Agent	Brian Lawley			:
	7509 Exchange	Drive		
	(Florida street addres	x)		
New Registered Office Address:	Orlando	, Florida	32809	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing		and the obligations of the mo	altion	
I hereby accept the appointment as registered age	ni i am jamiliar with and c	iccept the obligations of the po.	suion.	
and the same of th			***************************************	

Page 1 of 4

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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

ittach	additional sheet:	s, if necessary).	(Be specific)			
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an a	mendment provi	des for an exc	hange, reclassi	fication, or ca	ncellation of is	sued shares,	
<u>provi:</u> (i	sions for implem f not applicable,	enting the amount indicate N/A)	endment if not	contained in	the amendmen	t itseit:	
٧:	, , , , , , , , , , , , , , , , , , , ,	,					
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					-		

	June 20, 2017	
The date of each amendment(s).a date this document was signed.		, if other than the
Effective date if applicable:		
	(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 date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes case	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	June 20, 2017	
Signature	and miles	
selecte	director, 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 court need fiductary by that fiduciary)	
	Brian Lawley	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	