## P1200003915

: (Red	questor's Name)	
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PICK-UP	WAIT · MA	AIL
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(Doc	cument Number)	
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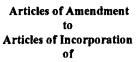
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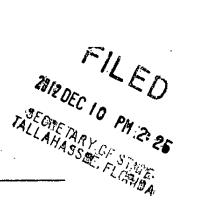
PRODUCTION PRIZES FLANDS

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	(A1101)	RUGS & MORE	E INC
DOCUMENT NUM	BER: P1200000291	5	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	MARIA ANGELIO	A CARDENAS	
		Name of Contact Persor	1
		Firm/ Company	
	21736 SW 99TH		
		Address	
	MIAMI, FLORIDA		<b>.</b>
		City/ State and Zip Code	
MA	ARIANGIECARDE		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
JORGE M V	ILLARAN	at (305	586-9105
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$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)
Am Div P.C	illing Address  lendment Section  rision of Corporations  D. Box 6327  lahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle
Tallahassee, FL 32301			issee, FL 32301





## **ORIENTAL RUGS & MORE INC**

(Name of Corporation as currently filed with the Florida Dept. of State)	
000002915	

lment(s) to

P12000002915				
(Documer	t Number of Corporation	(if known)		_
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corp	oration adopts the follow	ing amendme
A. If amending name, enter the new na ZMC MANAGMENT COI				The new
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professiona	"incorporated" or the al corporation name mus	abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		21736 SV	99 AVENUE	<del></del>
		MIAMI, FL	ORIDA 33190	_ _
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		21736 SV	99 AVENUE	<del></del>
		MIAMI, FL	ORIDA 33190	_
D. If amending the registered agent an new registered agent and/or the new			er the name of the	
Name of New Registered Agent	MARIA ANGEL	ICA CARDE	NAS_	
	21736 SW 99	AVENUE		
		street address)		
New Registered Office Address:	MIAMI, FLORI		_, Florida 33190 (Zip Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Age	<u>nt:</u>	\ <b>!</b> /	n
and one woods the appointment as regist	111 111		,	-
Ši	gnature of New Registered	l 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 <math>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: <u>X</u> 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	Name	Address
1) Change	Р	MARIA ANGELICA CARDENAS	21736 SW 99 AVE
X Add			
Remove			MIAMI, FLORIDA 33190
2) Change	Ţ	MARIA ANGELICA CARDENAS	21736 SW 99 AVE
Add			MIAMI EL ODIDA 22100
X Remove	D	Jose A. Colon	MIAMI, FLORIDA 33190
3) Change		JOSE IT COLOM	**************************************
AddRemove			
4) Change			
Add			
Remove			<u> </u>
5) Change			***************************************
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

ttach <i>additional she</i>	ets, if necessary).	(Be specific)			
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an amendment pr	ovides for an exc	hange, reclassifi	cation, or canc	ellation of issue	i shares,
rovisions for imple (if not applicabl	ementing the ame le. indicate N/A)	endment if not c	ontained in the	amendment its	<u>elf:</u>
( <b>yPP</b>	-,,				
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			·····		<u> </u>
		<del></del>	······································		
	· · · · · · · · · · · · · · · · · · ·				

he date of each amendment(s) ad	loption:
ffective date if applicable:	
	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were suf	pted 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)
	(voting group)
action was not required.  The amendment(s) was/were ado	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated	2-04-2012
Signature	2-04-2012 mburt
(By a di	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
appoint	ted fiduciary by that fiduciary)
	MANUA ANGENCA CARDENAS
·	(Typed or printed name of person signing)
	Tresport
	(Title of person signing)