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COVER LETTER

TO: Amendment Section **Division of Corporations**

F.

NAME OF CORPORATION: MAYAN FURNITURE & GALLERY INC

DOCUMENT NUMBER: P13000039167

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

Please return all correspondence concerning this matter to the following:

DVIR DERHY

Name of Contact Person

DERHY FINANCIAL SERVICES LLC

Firm/ Company

99 NW 183RD ST # 138

Address

MIAMI, FL 33169

City/ State and Zip Code

DVIR@BELLSOUTH.NET

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

For further information concerning this matter, please call:

DVIR DERHY	D٧	IR	DER	HΥ
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Name of Contact Person

at (786) 3803472 Area Code & Daytime Telephone Number

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

S35 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)

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

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FILED

A. H. C. S.

Articles of Amendment MAY 14 PM 3:43 to

Articles of Incorporatio ECRETARY OF STATE

TAULAHASSEE, FLORIDA

MAYAN FURNITURE & GALLERY INC

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

P13000039167

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

of

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent (Florida street address) , Florida New Registered Office Address: (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 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)

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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	PT	<u>John C</u>	<u>hoe</u>	
X Remove	¥	<u>Mike J</u>	iones	
_X Add	<u>sv</u>	<u>Saily S</u>	<u>mith</u>	
Type of Action (Check One)	<u>. Title</u>		Name	Address
1) Change	P	_	RAME MASARWE	107 Trumbull St # S-13
X Add				Elizabeth, NJ 07206
Remove				
2) Change	<u>P</u>	_	SHMULEVICH ZVI	824 N WOODBINE AVE
Add				NARBERTH, PA 19072
X Remove				
3) Change	- <u> </u>	_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	- <u></u>			
Add				·-···
Remove				
6) Change		~	M=======	
Add				
Remove				

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach additional sheets, if nacessary). (Be specific)

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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The date of each amendment(s)	adoption: 05/14/2013
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were as by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voling group)
	(voting group)
The amendment(s) was/were as action was not required.	lopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder
_{Dated} 05/14	/2013
Dated	
Signature	Let and the second seco
(By a select	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 nted fiduciary by that fiduciary)
	SHMULEVICH ZVI
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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May 14, 2013

FLORIDA DEPARTMENT OF STATE

PATHWAYS LIFE COACHING & SUPPORT SERVICES, INC. 3990 MINTON RD WEST MELBOUNE, FL 32904

SUBJECT: PATHWAYS LIFE COACHING & SUPPORT SERVICES, INC. REF: P10000000482

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist FAX Aud. #: H13000107731 Letter Number: 113A00012062

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MAY 15 2013

R. WHITE

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P.O BOX 6327 - Tallahassee, Florida 32314