## P13000050260

(Re	equestor's Name)		
(Ád	ldress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phone	<b>⇒</b> #)	
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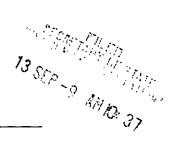
Amend 10 9.10,13

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: TO UPHOLSTERY CO.				
DOCUMENT NUMBER: P13000050260				
The enclosed Articles	of Amendment and fee are sul	omitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	TOMAS A CORT	EZ-MEDINA		
•		Name of Contact Persor	1	
	TC UPHOLSTER	Y CO.		
•		Firm/ Company		
5801 NW 57TH CT K105				
Address				
	TAMARAC, FL 33	3319		
•		City/ State and Zip Code		
ТО	MASACORTEZ@	GMAIL.COM		
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
TOMAS A CORTEZ-MEDINA at (347 ) 870-5649				
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
Mailing Address			Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		
		Tallaha	ssee, FL 32301	

## Articles of Amendment to Articles of Incorporation of



## TC UPHOLSTERY CO.

TO OFFICESTENT CO.				_ ^W; ?
(Name of Corporation as	currently filed with the Flor	rida Dept. of State)		
P13000050260				
(Documer	nt Number of Corporation (if k	nown)		•
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corporation	adopts the following	g amendment(s) to
A. If amending name, enter the new na	ime of the corporation:			
				_The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corp	rporated" or the all oration name must o	bhreviation contain the
B. Enter new principal office address,				_
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )			
				-
				-
C. Enter new mailing address, if appli				
(Mailing address MAY BE A POST)	<u>OFFICE BOX</u> )			-
				-
D. Tr Va. al Va I a	1/ 1/ 2/05 33			•
<ol> <li>If amending the registered agent an new registered agent and/or the nev</li> </ol>		s in Florida, enter the i	iame of the	
Name of New Registered Agent	TOMAS A CORTE	EZ-MEDINA		
	5801 NW 57TH C	CT K105	<u> </u>	
	(Florida street	address)	<del></del>	
New Registered Office Address:	TAMARAC	Flori	33319	
Non-Mogration of the Production of the Control of t	(City)	, 1 1011	(Zip Code)	•
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		h and accent the obligate	ions of the position	
nereby accept the appointment as registration (A)	orea agent. Tam jamunar win	н ини иссерт те отпуши	оно ој те розит.	

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.

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	Name	<u>Addres</u> s
1) X Change	Р	TOMAS A CORTEZ-MEDINA	5801 NW 57TH CT K105
Add	<del>.,.</del>		TAMARAC, FL 33319
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			-
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

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)	
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)	
(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 09/03/2013	
Signature And 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)	
TOMAS A CORTEZ-MEDINA	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	<u> </u>