713000051007

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



000320127180

10/29/18--01042--025 **35.00



NOV 0 5 2018 T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Mattres 4 Less out	let corp	
	4BER: P13000051007		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Arturo Montilla		
		Name of Contact Person	1
	President		
		Firm/ Company	···
	108 NE 1st Ave		
		Address	
	Hallandale Fl 33009		
		City/ State and Zip Code	p.
		only thate and improve	•
Mat	tress4lessoutet@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Arturo Montilla		954 at (854-5503
Name of Contact Person		at (954) 854-5503 Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Fiting Fee	□S43.75 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

Articles of Amendment to Articles of Incorporation of

Mattress 4 Less Outlet Corp.		
(Name of Corporation as co	urrently filed with the Flor	ida Dept. of State)
P13000051007		
(Document Nu	mber of Corporation (if know	vn)
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	ion:	
Mattress & Furniture 4 Less Corp.		The new
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc word "chartered," "professional association," or the abbrevi	," or "Co". A professional	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) — <u>//</u>	/ A
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.	cc address in Florida, enter	the name of the
new registered agent and/or the new registered office a		The name of the
Name of New Registered Agent	N/A	<u> </u>
(Fle	orida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the of N N New Registered Agent, if ch	20110

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: \underline{X} Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add)	
Remove		\mathcal{N}/\mathcal{A}	
2) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
3) Change			
Add		1	
Remove		\mathcal{N}/\mathcal{A}	
4) Change			
Add			
Remove			
5) Change			
Add		1	
Remove		h .	
		N/X	
6) Change			
Add			
Remove			

		n /n	
The date of each amendment(s) add	option:		, if other than the
date this document was signed.		A \)	
Effective date if applicable:		\(\frac{1}{2}\)	•
	(no more t	than 90 days after amendment f	ile date)
Note: If the date inserted in this blo document's effective date on the Dep			irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>))	
■ The amendment(s) was/were adop by the shareholders was/were suff		s. The number of votes cast for	the amendment(s)
☐ The amendment(s) was/were appr must he separately provided for e			
		as/were sufficient for approval	
Arturo Mor	itilla	•	
by	(voting group)		
■ The amendment(s) was/were adoptaction was not required.	ted by the board of dire	ectors without shareholder actic	n and shareholder
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporator	rs without shareholder action an	d shareholder
10/26/2	2018		
Dated		<u>(1)</u>	
		1/_>	
Signature			
		er officer – if directors or officer	
	, by an incorporator – il d fiduciary by that fidu	f in the hands of a receiver, trus aciary)	tee, or other court
	AR	TURO MONTILLA	
-	(Typed or pr	inted name of person signing)	
	P	resident	
_	(Title of person signing)	