19000075373

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COVER LETTER

TO: Amendment Section Division of Corporations

•			·		
NAME OF CORPOR	ATION: EMANUEL	DECOR DESIG	and the second s		
OCUMENT NUMBER: P13000075373					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	GALYA SANTA (CRUZ-RIVERO			
•		Name of Contact Person	n		
	EMANUEL DECC				
•		Firm/ Company			
	2055 TRADE CE	NTER WAY			
		Address			
	NAPLES FL 3410)4			
•		City/ State and Zip Cod	e		
OD	EAIR@HOTMAIL	COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
GALYA SAN ⁻	TA CRUZ-RIVER	O _{at (} 239	, 260-1523 EXT 102		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle		
		Tallaha	assee, FL 32301		

Articles of Amendment Articles of Incorporation

EMANUEL DECOR DESIGNS CORP

(Name of Corporation as currently filed with the Florida Dept, of State) P13000075373

(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

	DOLLAR COR	
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the c "Co". A professional corporation name must "P.A."
Enter new principal office address, if	f applicable:	6010A RADIO RD
Principal office address MUST BE A STREET ADDRESS)		NAPLES FL 34104
	Enter new mailing address, if applicable:	
		2055 TRADE CENTER WAY
(Mailing address MAY BE A POST	OFFICE BOX)	NAPLES FL 34109
(Mailing address MAY BE A POST	OFFICE BOX) nd/or registered office ad w registered office addre	NAPLES FL 34109
Mailing address MAY BE A POST If amending the registered agent an new registered agent and/or the new	OFFICE BOX) nd/or registered office ad w registered office addre	NAPLES FL 34109 dress in Florida, enter the name of the ss; OTARY & TAX SERVICES
Mailing address MAY BE A POST If amending the registered agent an new registered agent and/or the new	nd/or registered office adwregistered office address NOTE ANDIO FOR ADIO FO	NAPLES FL 34109 dress in Florida, enter the name of the ss: OTARY & TAX SERVICES RD street address)
Mailing address MAY BE A POST If amending the registered agent an new registered agent and/or the new	nd/or registered office ad w registered office address LAS AMERICAS NO	NAPLES FL 34109 dress in Florida, enter the name of the ss: OTARY & TAX SERVICES RD Street address) , Florida 34104

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 Ramovy, and Sally Smith SV as an Add

Mike Jones, V as Rem Example:	ove, and Sal	ECA A	
X Change	<u>PT</u>	John Doe	AUG I AHAS
X Remove	<u>V</u>	Mike Jones	mo n
X Add	<u>sv</u>	Sally Smith	PN 5: 3
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address RIDA
1) Change	D	NICOLAS G. ETEROVIC NIC	2055 TRADE CENTER WA
Add			NAPLES FL 34109
Remove			
2) Change	D	PABLO M. BEDOYA SAEZ	2055 TRADE CENTER WA
Add			NAPLES FL 34109
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
S) Change			
5) Change			
Remove			
remove			
6) Change			
Add			
Remove			

C. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
F. If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A) S CORPORATION	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
GALYA SANTACRUZ RIVERO I	HOLDS 33.33% OF SHARES
NICOLAS G. ETEROVIC NIGOE	EVIC HOLDS 33.33% OF SHARES
PABLO M. BEDOYA SAEZ HOI	LDS 33.33% OF SHARES

The date of each amendment(s) adoption:	, if other	than the
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 east for the amendment(s) by the shareholders was/were sufficient for approval.	24 7	
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):	IL AUG II	
"The number of votes cast-for the amendment(s) was/were sufficient for approval	P	m
by"	5. 3 5. 3	J
(voting group)	၌ ယံ	
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 8/5/2014		
1 AC/		
Signature (III)		
(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)		
GALYA SANTA CRUZ-RIVERO		
(Typed or printed name of person signing)	•	
PRESIDENT	_	
(Title of person signing)		