P13000078306

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	ION:	COSTONIFURNITUR	E,CORP		
DOCUMENT NUMBER	::	P13000078306			
The enclosed Articles of A	Imendment and fee are su	bmitted for filing.			
Please return all correspon	dence concerning this ma	tter to the following:			
	CARLOS P YAX				
		Name of Contact Person	n		
********		Firm/ Company			
	/E				
Address GREENACRES, FL 33463					
	A	ALLCORPS123@GMAIL.	COM		
,		sed for future annual report			
For further information co	ncerning this matter, pleas	se call:			
CARLOS P YAX		at (386-0992		
Name of C	ontact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	e following amount made	payable to the Florida Dep	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)		
Amendr Divisior P.O. Bo	Address nent Section n of Corporations x 6327 ssee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

CUSTOM FURNITURE, CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P13000078306 (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: A. If amending name, enter the new name of the corporation: UNIVERSAL CUSTOM FURNITURE.CORP 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." 1510 LATHAM RD STE 7 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) WEST PALM BEACH FL 33409 C. Enter new mailing address, if applicable: 3099 FLEMING AVE (Mailing address MAY BE A POST OFFICE BOX) GREENACRES, FL 33463 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)

(City)

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

, Florida

(Zip Code)

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		MAINOR A CANIZ	3099 FLEMING AVE
X Add				GREENACRES, FL 33463
Remove				
2) Change		.		
Add				
Remove				
3) Change		_	-	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_	- P. 1018-07-07-1	
Add				
Remove			•	
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) addate this document was signed.	loption:, if other	er than th
Effective date if applicable:	·	_
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be lispartment of State's records.	ited as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s). flicient 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	, j ₁	
,	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
DatedSignature	8/24/2016 8/24/2016 Feet, president or other officer – if directors or officers have not been labeled and incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	/ CARLOS P YAX	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	_