## P15000010857

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R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations FURNITURE LIQUIDATORS USA INC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HERMAN SINGH Name of Contact Person HERMAN SINGH & ASSOCIATES INC Firm/ Company 600 RINEHART RD SUITE 3118 Address LAKE MARY, FL 32746 City/ State and Zip Code HERMANSOFFICE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HERMAN SINGH Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$**52.50 Filing Fee **□\$43.75** Filing Fee & **\$35** Filing Fee **□\$43.75** Filing Fee & -Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) 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

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URNITURE LIQUIDATORS USA INC	15 000 01 08 0. cc
(Name of Corporat	ion as currently filed with the Florida Dept. of State
15000040857	EMILABADETO DE CAR
(Docur	ment Number of Corporation (if known)
	is State and this Fig. 11. But Go Communities adopte the Collegius amondmen
Articles of Incorporation:	ta Statutes, this Florida Profit Corporation adopts the following amendmen
·	
If amending name, enter the new name of the c	orporation:
	The new
	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the e abbreviation "P.A."
Enter new principal office address, if applicable Principal office address MUST BE A STREET AD	
тистри бурес шигом <u>прода по прамена по</u>	
•	
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE Be	OX)
(Manual and ess MAI BEALOGI OFFICE PA	<u> </u>
If amending the registered agent and/or regist	ered office address in Florida, enter the name of the
new registered agent and/or the new registere	
Name of New Registered Agent	
Traine of the Pregioner and Agent	
	(Florida street address)
No Devictor J. Office Address.	Florida
New Registered Office Address:	(City) (Zip Code)
ew Registered Agent's Signature, if changing R	egistered Agent:
hereby accept the appointment as registered agent	I am familiar with and accept the obligations of the position.
•	
•	
Cz	gnature 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	PT J	John Doe	
X Remove	Y I	Mike Jones	
X Add	<u>sv</u> §	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	SUMMAIRA HAMID	901 CENTRAL FLORIDA PKWY
X Add			SUITE A3
Remove			ORLANDO, FL 32824
2) Change			
Add			
Remove			
3) Change	<u></u>		
Add			
Remove			
4) Change	<del></del>	<del> </del>	
Add			
Remove			
5) Change			
Add			
Remove			•
6) Change	- -		
Add			
Remove			

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

The date of each amendment(s) adoption: date this document was signed.	, if other than the
ante trib deculion was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	Mino more than 90 days after amenament fue date)
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (C	HECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	endment(s) was/were sufficient for approval
by	,"
(ve	ting group)
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and shareholder
Dated 5 1	7,15
Signature	
(By a director, pro	sident or other officer - if directors or officers have not been
	corporator — if in the hands of a receiver, trustee, or other court  ry by that fiduciary)
SAJID M	
	(Typed or printed name of person signing)
PRESIDE	NT
	(Title of person signing)