P14000045493

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Amendicus

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COVER LETTER

,TO: Amendment Section Division of Corporations

P.O. Box 6327

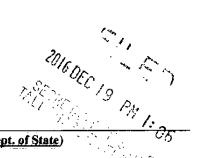
Tallahassee, FL 32314

NAME OF CORPORATION: JD MATTRESS INC.			
DOCUMENT NUMBER: 5 P14000045493			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Maria M. Cohhea Name of Contact Person			
owner.			
Firm/Company 5931 havenswood rd. A.17 Address			
Fort. Lauderdale FLOYIda 33317 City/ State and Zip Code			
JDMATRESS @ GMAIL. COM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Julieth Castaneda at 786, 3123762			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



JD MATTRESS INC

	itly filed with the Florida Dept. of State	1.5
P16000	0045493	
(Document Number	of Corporation (if known)	^-;
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the fo	ollowing amendmen
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name "P.A."	e must contain the
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	5931 ravensh A-17, Fort-Laux	<u>100d ed.</u> Jerdale,
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FL, 33312 N/A	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre		
(Florida s	street address)	
New Registered Office Address:	, Florida_	
HEW REGISTER OF THE MUNICIPAL.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	(City) 1t:	, , , ,
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)	<u>Title</u>	Name	Address
1) X Change	PY	Maria M. Correa	8437 SW 29 St.
Add			Miramar F1,
Remove			33025
2) X Change	T	Frey A. Castaneda	8437 SW 29 St.
Add			Miramar FI,
Remove	_	4.	33025
3) Change	<u>S</u>	Julieth D. Castaneda	8437 SW 29 st,
Add			Miramar Fl,
Remove			33075
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		· · · · · · · · · · · · · · · · · · ·	a waxa ka a m
Add			
Remove			

E. <u>If amending</u> (Attach <i>additi</i>	or adding additional A onal sheets, if necessary	rticles, enter char). (Be specific)	nge(s) here:			
						
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provisions f	ment provides for an exor implementing the all pplicable, indicate N/A)	nendment if not c	cation, or cancel ontained in the a	lation of issued s mendment itself	hares. i	
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The date of each amendment(s) adoption: December 12, 2016, if other than the date this document was signed.
Effective date if applicable: N/A .
Effective date if applicable: \(\sum / A \cdot \) (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 12-15-2016 Signature 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
simulated en
(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)
Maria Marleny Correa Grisalez (Typed or printed name of person signing)
President and wice Dresident

(Title of person signing)