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C. GOLDEN NOV 1 4 2017

COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassec, FL 32314

NAME OF CORPOR	ATION: F&E	Interiors	Inc.		
DOCUMENT NUMBER: P160 600 64 9 07					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
		Francis Name of Contact Person E Inter	Escober		
-	F8	E Inter	10/3 INC		
rim/ Company					
	225 Martin Ave Greenacres FL 33463				
-		City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)					
E-mail address. (to be used for fature annual report normeation)					
For further information	concerning this matter, pleas	e call:			
France	cis Escobo	ar 56	343-1132		
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
S35 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)		
	ling Address	*****	Address ment Section		

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Article	s of Amendment	20,
	to of Incorporation	in the the
Airues		
₽ 0 	T.	
	Interiors Inc.	William May May
(Name of Corporation as cu	rrently filed with the Florida Dept. of Sta	<u>te</u>) ج
P160000	64907	
· · · · · · · · · · · · · · · · · · ·	nber of Corporation (if known)	1/-1
(======================================		•
ursuant to the provisions of section 607.1006, Florida Statutes Articles of Incorporation:	s, this Florida Profit Corporation adopts the	e following amendment(s) to
. If amending name, enter the new name of the corporation	nn:	
41/4	<u></u>	
N/A		The new
ame must be distinguishable and contain the word "corp	oration," "company," or "incorporated"	or the abbreviation
Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.		me must contain the
ord "chartered," "professional association." or the abbrevia	ition P.A.	
Enter new principal office address, if applicable:	N/A	
rincipal office address MUST BE A STREET ADDRESS		
,		
17-4	. / .	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
(Mulling dauress MAT BE A FOST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.		<u>e</u>
new registered agent and/or the new registered office ac	/ A	
Name of New Registered Agent	N/A	
(Flor	rida street address)	
Many Davistanad Office Address	N/A, Florida	
New Registered Office Address:	(City), Florida	(/in Code)
	(0,)	inop cours
ew Registered Agent's Signature, if changing Registered		
nereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the	position.
	ſ	
	. 1	

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)	Title	Name	Address
1) Change	$\sqrt{}$	Maximiliano Alba Escobar	3792 CYPress Lake DI
X Add		Escobar	Lake Worth FL
Remove			33467
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).		
	(be specific)	
	NII	
	1 , 11	
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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.	
If an amendment provides for an exchiprovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, Idment if not contained in the amendment itself:	
If an amendment provides for an exchi provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:	
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The date of each amendment(s) adoption:	10/25/	2017	, if other than the
date this document was signed. Effective date if applicable:	10/25/	2017	
	(no more than 90 days aft	ter amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of Sta		utory filing requirements, this	date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient for app	areholders. The number or oval.	of votes cast for the amendmen	nt(s)
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr			rment
"The number of votes cast for the amendo	ment(s) was/were sufficie	nt for approval	
by(voting			
(voting	g group)		
☐ The amendment(s) was/were adopted by the boaction was not required.	ard of directors without s	hareholder action and shareho	older
The amendment(s) was/were adopted by the incaction was not required.	corporators without share	holder action and shareholder	
Dated 10/25	1/2017		
Signature	- m		
(By a director, preside		rectors or officers have not bee	
selected, by an incorp appointed fiduciary by		f a receiver, trustee, or other co	ourt
appointed induction of	•	Escobar	
(Ty	yped or printed name of p	erson signing)	
	Presi	dent	
	(Title of person	signing)	