P17000033799

(Req	uestor's Name)	
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(City	/State/Zip/Phon	e #)
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

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TO: Amendment Section Division of Corporations			k (2,40) ≫ (2)
NAME OF CORPORATION:	CASA DESIGN	FURNITURE TAMPA IN	с ;
DOCUMENT NUMBER:	P17000033799		
The enclosed Articles of Amendi	<i>nent</i> and fee are su	bmitted for filing.	
Please return all correspondence			
	MAR	IA E MADRIGAL	
		Name of Contact Perso	
	TAX	HOUSE MIAMLINC	
<u></u>	<u></u> -	Firm/ Company	
	301 NI	E 79TH ST STE 2	
		Address	
	MIAM	II, FL 33138	
- <u></u> ···		City/ State and Zip Cod	e
	MARI	A@TAXHOUSEMIAMLC	OM
E-ma	il address: (to be us	sed for future annual report	notification)
For further information concernit	ig this matter, pleas	se call:	
RAIMER LEZCANO DELGAD	0	at (305	773-0692
Name of Contact	Person	Area Cu	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida Dep	artment of State:
-	8.75 Filing Fee & tificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mailing Addre</u> Amendment Se Division of Cor P.O. Box 6327	retion rporations	Ameno Divisio	Address Iment Section m of Corporations entre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CASA DESIGN FURNITURE TAMPA INC

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

The new

P17000033799

(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:

(Mailing address MAY BE A POST OFFICE BOX)

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."

B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable:

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) New Registered Office Address: (City) (Zip Code)

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

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

Signature of New Registered Agent. if changing

Check if applicable

□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

(Anach 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 = ChiefExecutive 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith. SV as an Add.

Example: <u>X</u> Change

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<u>PT</u><u>John Doe</u>

X Remove	<u>V Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	<u>y Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	P/Ceo	RAIMER LEZCANO DELGADO	5155 SW 141 PL
XAdd			MIAMI, FL 33175
Remove	VP/Coo	DUNIA DUARTE RODRIGUEZ	6218 N LOIS AVE
2) Change Add			TAMPA, FL 33614
Remove	VP/Cfo	ODETTE SANCHEZ GIL	7030 OAKVIEW CIR
XAdd			TAMPA, FL 33634
Remove	VP/Don [.]	ALINA DELGADO	5155 SW 141 PL
4) Change Add			MIAMI, FL 33175
Remove	PRES	RAIMER LEZCANO	5155 SW 141 PL
5) Change Add			MIAMI, FL 33175
X Remove			
6) Change	<u></u>	DUNIA DUARTE RODRIGUEZ	6218 N LOIS AVE
Add			TAMPA, FL 33614
X Remove			<u> </u>

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: <u>PT</u> John Doe X Change Mike Jones X Remove <u>V</u> Sally Smith <u>X</u> Add <u>sv</u> Title Address Type of Action Name (Check One) VР ALINA DELGADO 5155 SW 141 PL 1) ____ Change MIAMI, FL 33175 Add Х Remove 2) ____ Change ____ Add ___ Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change ____ Add ____ Remove

If amending or adding additi (Attach additional sheets, if nec	cessary). (Be speci	ific)		
				<u> </u>
			~	
		<u></u>		
If an amendment provides fo	r an exchange, recl	assification, or can	cellation of issued sh	ares,
provisions for implementing (if not applicable, indical	g the amendment if	not contained in th	e amendment itself:	
(ij nor upplicane, indeau	()			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	

Effective date <u>if applicable</u>:

(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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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

V	
	(voting group)
	10/15/2020
	Dated
	Signature Roiser Legans Belgald
	(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)
	RAIMER LEZCANO DELGADO
	(Typed or printed name of person signing)
	PRESIDENT & CEO

(Title of person signing)