P17000093811

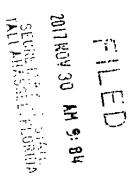
(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Či	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



300306016183

11/30/17--01008--016 **35.00



Munich8

DEC 01 2017
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ARIEL FURNITU	IRE AND DESIGN CORP	
DOCUMENT NUMI	P17000093871		<u></u>
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Danis Branas	•	
		Name of Contact Perso	n
	Accountax Services Solution	s LLC	
		Firm/ Company	
	3536 NE 168 Street Unit 204	• •	
		Address	
	North Miami Beach, Florida	, 33160	
		City/ State and Zip Cod	e
ลก่อล	r3006@hotmail.com		
	•	sed for future annual report	nutification)
	iz-mail address. (write a	sea for facule aimaar report	Tooling to the state of the sta
For further information	n concerning this matter, pleas	se call:	
Danis Branas		786 at (565-5127
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate 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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ARIEL FURNITURE AND DESIGN CORP

(Name of Corporation as cur	rently filed with the Florida Dept, of State)
P17000093871	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
ARIEL CARPENTRY CORP	
name must be distinguishable and contain the word "corpo," "Corp.," "Inc.," or Co" or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbreviat	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- 20 B T
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent	<u> </u>
(Flori	du street address)
New Registered Office Address:	, Florida(Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	gent:
l hereby accept the appointment as registered agent. I am fami	
Signature of A	low 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.

X Change	<u>PT</u>	<u>John De</u>	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
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)
	
 	
	
	nange, reclassification, or cancellation of issued shares,
	nange, reclassification, or cancellation of issued shares, and and an end and itself:
provisions for implementing the ame	

The date of each amendment(s) adoption:, if oth	er than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file dute)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ledocument's effective date on the Department of State's records.	isted as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east 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)	
☐ 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.	
11/27/2017 Dated	
Signature Queel	
(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)	
Ariel Garcia Medina	
(Typed or printed name of person signing)	_
President Could	
(Title of person signing)	