P18000031248

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(Business Entity Name)			
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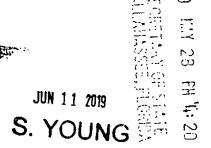
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:MARTINDALE SOFA AND	FINE FURNITURE INC
DOCUMENT NUMBER: P18000031248	
The enclosed Articles of Amendment and fee are submitted for	្តីប្រែng.
Please return all correspondence concerning this matter to the fo	Howing:
JAIME MARTINEZ	
Name of	Contact Person
MARTINDALE SOFA AND FINE FUR	NTURE INC
Firm	/ Company
844 PARK AVE	
	Address
LAKE PARK, FL 33403	
City/ Sta	te and Zip Code
jr1871456@gmail.com	
E-mail address: (to be used for futur	e annual report notification)
For further information concerning this matter, please call: JAIME MARTINEZ	561 845-7085
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to t	
Certificate of Status Certifi	Efiling Fee & S52.50 Filing Fee ed Copy Certificate of Status onal copy is Certified Copy ed) (Additional Copy 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

MARTINDALE SOFA AND FINE FURNITURE INC

MAKTINDALE 2014 AND LINE LOUGHTOKE INC	
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P18000031248	
(Document Numb	er 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> </u>
	The new
name must be distinguishable and contain the word "corpor" ("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 <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	address in Florida, enter the name of the dress:
Name of New Registered Agent	
(Flori	ida street address)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A lhereby accept the appointment as registered agent. I am fam	illiar with and accept the obligations of the position.
Signature of t	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 <u>V</u> Mike Jones X Remove <u>X</u> Add SVSally Smith Address Type of Action <u>Title</u> <u>Name</u> (Check One) JAIME R MARTIŅEZ 844 PARK AVENUE 1) X Change LAKE PARK, FL 33403 ___ Add ___ Remove 2) ____ Change ____ Add ____ Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ___ Add __ Remove 5) ____ Change Add __ Remove 6) ____ Change

____ Add

___ Remove

E. If amending or adding additional Articles, enter change(s)	t <u>here</u> ;
(Attach additional sheets, if necessary). (Be specific)	
	1
F. If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contain	n, or cancellation of issued shares,
(if not applicable, indicate N/A)	the amenament users.
	
	<u> </u>

The date of each amendmen	t(s) adoption:	, if other than the
late this document was signed	l. - 06/10/2019	
Effective date <u>if applicable</u> :		do I Government Bladers
	(no more than	90 days after amendment file date)
Note: If the date inserted in document's effective date on	this block does not meet the appl the Department of State's records.	licable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wo by the shareholders was/w	ere adopted by the shareholders. There sufficient for approval.	he number of votes cast for the amendment(s)
☐ The amendment(s) was/we must be separately provide	ere approved by the shareholders the led for each voting group entitled to	rough voting groups. The following statement o vote separately on the amendment(s):
"The number of vote	es east for the amendment(s) was/w	ere sufficient for approval
by	(voting group)	
, —	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directo	rs without shareholder action and shareholder
☐ The amendment(s) was/w action was not required.	ere adopted by the incorporators w	ithout shareholder action and shareholder
05 Dated	/20/2019	
Signature	Uloutaun	
	By a director, president or other of selected, by an incorporator – if in appointed fiduciary by that fiducian	fiber – if directors or officers have not been the hands of a receiver, trustee, or other court
	VILMA E MONTANO	
	(Typed or printe	ed name of person signing)
	PRESIDENT	
	(Tit	le of person signing)