P1800090489

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(Ad	dress)	
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COVER LETTER

, TO: Amendment Section Division of Corporations

NAME OF CORPORAT	CUSTOM FINIAS	SH WALLS & DECOR BY	SOFIA INC
DOCUMENT NUMBER	P18000090489		
The enclosed Articles of A	1mendment and fee are su	bmitted for filing.	
Please return all correspoi	ndence concerning this ma	tter to the following:	
SC	FIA MANAVELLO		
_		Name of Contact Person	1
		Firm/ Company	
11	746 SW 93RD TER		
		Address	
MI	AMEFL 33186 		
		City/ State and Zip Cod	e
SMANA	VELLO@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	oncerning this matter, pleas	se call:	
SOFIA MANAVELLO		at (786	3447527
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendi Division P.O. Bo	e Address ment Section in of Corporations ox 6327 ssee, FL 32314	Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

of

* CUSTOM FINIASH WALLS & DECOR BY SOFIA INC

(Name of Corporation as currently)	filed with the Florida Dept. of State	<u>e</u>)	
P18000090489			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the	following :	amendment(s
A. If amending name, enter the new name of the corporation:			
CUSTOM FINISH WALLS & DECOR BY SOFIA INC		7	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Covord" chartered," "professional association," or the abbreviation "P.	o". A professional corporation nam	or the abb	previation
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)		ALLAHASSE ALLAHASSE	19 JM -7
 If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: 	ss in Florida, enter the name of the	C P CokibA	D 6: 26
Name of New Registered Agent			
(Florida stree	1 address)		
New Registered Office Address:(C	ity)	(Zip Ca	ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the p	oosition.	
Signature of New Res	gistered 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:	, ana sai	iy Smiin, Sv as an Add.	
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>	<u>Name</u>	<u>Addres</u> s
I) 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)
	· · · · · · · · · · · · · · · · · · ·

	in the second of
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	and the first contained in the amenament reserve
(if not applicable, indicate N/A)	

•	01/01/2019	
The date of each amendment(s) date this document was signed.	adoption;	, if other than the
_	1/01/2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this obspartment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	t(s)
	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
01/04/20 Dated	19	
Signature	Madehaustal	
(Dy a	i director, president or other officer – If directors or officers have not been	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other co- inted fiduciary by that fiduciary)	urt
арро	inted ridderary by that ridderary)	
	SOFIA MANAVELLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	