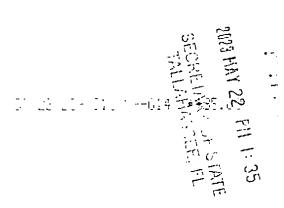
P140000 24014

(Reque	stor's Name))	
(.	Addre	ss)		
(Addre	ss)		
	City/Si	tate/Zip/Pho	ne #)	
PICK-UP	[TIAW		MAIL
	Busine	ess Entity Na	ame)	
,				
	Docum	nent Numbe	r)	
(I	J 000	nem nambe	1)	
		C#		A-1
Certified Copies		Certificati	es or S	tatus
Special Instructions	to Filir	ng Officer:		

Office Use Only



700408694827



M

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Amazing	Drapes, Inc.				
DOCUMENT NUMBER: P19000024017	<u> </u>				
The enclosed Articles of Amendment and f	fee are submitted for filing.				
Please return all correspondence concerning	g this matter to the following:				
Allen Jacobi					
	Name of Contact Person				
The Law Office of Allen Jacobi					
	Firm/ Company				
11077 Biscayne Blv	d., Suite 200				
	Address				
Miami, FL 33161					
City/ State and Zip Code					
allen@allenjacobila	w.com				
	(to be used for future annual report notification)				
For further information concerning this ma	tter, please call:	7. 038	2023		
Allen Jacobi	at (305) 893-5644	ATTA VENEZIONE	2023 MAY 22		
Name of Contact Person	Area Code & Daytime Telephone Number		55		
Enclosed is a check for the following amou	int made payable to the Florida Department of State:		-0 -2		
\$35 Filing Fee \$43.75 Filing Certificate of		SIME	PM 1: 35		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

Articles of Amendment to Articles of Incorporation of

Amazing Drapes, Inc.			
(Name of Corporation as current	ly filed with the Florida Dept. of State)		
P19000024017			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered." "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	18971 NE 4th CT		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami, FL 33179		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18971 NE 4th CT		
(muning univess <u>may be a rost of free box)</u>	Miami, FL 33179		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	드린 꾼		
Name of New Registered Agent	77 22 71 AH A		
	SOC PE		
(Florida si	treet address)		
New Registered Office Address:	, Florida TA		
	(City) (Zip Code)		
	•		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	tt: with and accept the obligations of the position.		
, g			

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:

(Attach additional sheets, if necessary)

Example:

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>	John Doc	
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>	Address
1) Change		_	3021 Midland Place
Add			Miramar, FL 33025
X Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			SECRETALLA
Add			
Remove			
5) Change		_	<u> </u>
Add			7 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)		
· · · · · · · · · · · · · · · · · · ·			
an amendment provides for an exclusions for implementing the ame	hange, reclassification, or ca endment if not contained in (<u>ncellation of issued shares</u> the amendment itself:	ia e
(if not applicable, indicate N/A)			(A)
			TA TA
		······································	- 一一
			<u> </u>
			五三
			表記
			775
	 .		
			NA PAR
			FL
			7A

The date of each amendment(s) ad	option:	, 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 blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements artment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopaction was not required.	sted by the incorporators, or board of directors without shareho	lder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	eted by the shareholders. The number of votes cast for the ame ficient for approval.	ndment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
Dated	16-2023	
Signature	19-18	
selected	exor, president or other officer – if directors or officers have n by an incorporator – if in the hands of a receiver, trustee, or of d fiduciary by that fiduciary)	
_	Tech-Gry Leconte (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	201 SI
	VP	2023 MAX SECRULI TALL
•	(Title of person signing)	

2023 MAY 22 PH 1: 35