P20000000975

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R. WHITE JUL 01 CC

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	CORAL FURNITU	JRE GALLERY INC	
DOCUMENT NUM	IBER:		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Płease return all corr	espondence concerning this ma	tter to the following:	
	ALBERTO SILVA		
		Name of Contact Persor	1
	CORAL FURNITURE GAL	LERY INC	
		Firm/ Company	
	7293 SW CORAL WAY		
		Address	-
	MIAMI, FL 33155		
		City/ State and Zip Code	 :
	CORALFUNITURE@GMA	IL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
ALBERTO SILVA		786	380-5850
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check	or the 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation oſ

CORAL FURNITURE GALLERY INC	;		7.33 10 34
(Name	of Corporation as current	y filed with the Florid	la Dept. of State) 11 155
P2000000975			
	(Document Number o	f Corporation (if know	n)
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corpore	ation adopts the following amendment(s) to
A. If amending name, enter the new n	name of the corporation:		
IZPKA FURNITURE, INC			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Country" association, "chartered," "professional association,"	Corp," "Inc," or "Co".	4 professional corpore	rated" or the abbreviation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S			· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>			
D. If amending the registered agent ar			the name of the
new registered agent and/or the ne-		_	
Name of New Registered Agent	REBOLTA CORPORAT	ION, INC	
	800 N FLAGLER AVE S	UITE 4	
	(Florida sti	reet address)	
New Registered Office Address:	HOMESTEAD		33030 , Florida
		(City)	(Zip ('ode)
New Registered Agent's Signature, if c I hereby accept the appointment as registed.	stered agent. I am jantiliar		

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 Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	PST	_	ZURAMY RIVERO	961 SW 139 AVE
Add				MIAMI, FL 33155
Remove 2) Change	P		ALBERTO SILVA	961 SW 139 AVE
X Add				MIAMI, FL 33155
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	<u></u>	_		
Add				
Remove				
6) Change		_		,
Add				
Remove				

f amending or adding addition Attach additional sheets, if neces.	sary). (Be specific)	 -		
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·				
				
<u> </u>		-		
		<u> </u>		
			·····	
			· · · · · · · · · · · · · · · · · · ·	
				
If an amendment provides for a	n exchange, reclassification	n, or cancellation of is	sued shares,	
provisions for implementing th	<u>ie amendment if not conta</u>	ined in the amendmen	<u>t itself:</u>	
(if not applicable, indicate N	UA)			
			<u> </u>	
				_
				
		 		

The date of each amendment(s date this document was signed.	adoption:	, if other than the
Ţ.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder act	tion and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	t(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
05/08/2 Dated Signature(By a	a director, president or other officer – if directors or officers have not been	 1
selec appo	eted, by an incorporator – if in the hands of a receiver, trustee, or other countried fiduciary by that fiduciary)	ırt
	ALBERTO SILVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	