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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corpora				
NAME OF CORPORA	_		POLARIZED "	SHADES INC
DOCUMENT NUMBER: P 200003°		<u> 38706</u>	-	
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.		
Please return all correspo	ondence concerning this ma	atter to the following:		
_	Onw	ipa SaeTa	ng	
_	Comfort Li	Name of Contact Person	ized Shades Is	NC.
_	3108 N. Bour	Firm/Company Idayy Blvd.	ized Shades In Building #926	_
_		City/ State and Zip Code		
_	onwipa999			
For further information of	concerning this matter, plea		normeation)	
			695 - 2489 de & Daytime Telephone Num	
Name of	Contact Person	Area Co	de & Daytime Telephone Num	ber
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ameno Divisio P.O. B	de Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee S. Monroe Street, Suite 810 ussee, FL 32303	

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current)		orida Dept. of S	State)
comfort Linens & Polarized Shad	les Inc.	Doct	P2000003870
(Document Number o	f Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this ts Articles of Incorporation:	Florida Profit Cor	<i>poration</i> adopts	the following amendment(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."			
3. <u>Enter new principal office address, if applicable:</u> 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)			2620
			<u> </u>
 If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address 		ter the name of	the -1. 22
Name of New Registered Agent			
(Florida str	vet address)		
New Registered Office Address:		, Flor	rida
	(City)		(Zip Code)
Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	eith and accept the	obligations of ti	he position.
Signature of New Re	wistered Avent if	chanvino	

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Wilaisaranan, Tanyathorn	3108 N. Boundary Blvd
Add Remove		Tanyathorn	Bldg alb Tompa, FL 33621
2) Change			
Add Remove 3) Change			
3) Change Add			
Remove 4) Change			
Add			
Remove 5) Change			
Add			
Remove 6) Change			
Add			
Remove			

famending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
				-

				=
<u> </u>				
				-
f an amendment provides for an exc	canno englaccificat	ion or cancellation	of issued shares.	
provisions for implementing the am	ndment if not cont	ained in the amend	nent itself:	
(if not applicable, indicate N/A)				
			·	
		·		
	<u>.</u>			

The date of each amendment(s) adoption: July 24, 2020
date this document was signed.
Effective date if applicable: July 27, 2020
Effective date if applicable: (ino more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)
Dated July 24, 2020
SignatureO5 S6
(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)
ONWIPA SAETAND (OWNER)
(Typed or printed name of person signing)
President
(Title of person signing)