## P20000043694

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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

NAME OF CORPORATION: MEGA INTERIOR DESIGNS INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LEONEL MATUTE Name of Contact Person Firm/ Company 11051 SW 160 ST Address MIAMI, FL 33157 City/ State and Zip Code leonelmatute@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leonel Matute Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MEGA INTERIOR DESIGNS INC

MEGA INTERIOR DESIGNS INC		# 1	<del></del>
P20000043694	oration as currently	y filed with the Florida Dept. of State)	
	Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:		•	ving amendment(s) to
A. If amending name, enter the new name of	the corporation:		The new
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A	I professional corporation name must con	ation "Corp.,"
B. Enter new principal office address, if appl		11051 SW 160 ST	
(Principal office address MUST BE A STREE		MIAMI, FL 33157	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			3.0102
D. If amending the registered agent and/or r	egistered office add	ress in Florida, enter the name of the	M10:42
new registered agent and/or the new regis	NEL MATUTE	<u>u</u>	2
Name of New Registered Agent 1105	I SW 160 ST		,
	(Florida str	reet address)	
<u>New Registered Office Address:</u> MIAI	MI	, Florida	
		(City)	Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as	gen familiar	: with and accept the obligations of the position Registered Agent, if changing	on.

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)

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>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	P	_	EDUARDO M. CHAVEZ	16580 SW 146TH CT
Add X Remove			-	MIAMI, FL 33177
Remove 2) Change	P	<del></del>	LEONEL MATUTE	11051 SW 160 ST
XAdd				MIAMI, FL 33157
Remove 3) Change		_		
Add				
Remove				
4) Change	<del></del>			
Add				
Remove				
5) Change		_		
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
6) Change		<del></del>		
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change (Be specific)				
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f an amendment provides for an exch provisions for implementing the amer	ange, reclassification	tion, or cancell	ation of issued s	<u>hares,</u>	
(if not applicable, indicate N/A)	Idanement in mot con	tanica in the ai	nenament itsen	<u>•</u>	
				<del></del>	
			<del> </del>		

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☑ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the afficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendn	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	11	
o <sub>y</sub>	(voting group)	
- Signature (By a diselected	rector, president or other officer – if directors or officers have it, by an incorporator – if in the hands of a receiver, trustee, of ed fiduciary by that fiduciary)  Leone Latte  (Typed or printed name of person signing)	
	Pro Sident (Title of person signing)	
	(Title of person signing)	