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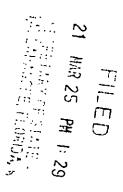
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Furniture & Cell, I	nc. 	
DOCUMENT NUM	D21000011521		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Mohammad A. Gheith		
		Name of Contact Person	1
	Furniture & Cell, Inc.		
		Firm/ Company	
	4975 West Colonial Drive		
		Address	
	Orlando, FL 32808		
		City/ State and Zip Code	
	Mgheith@bellsouth.net		
	E-mail address: (to be us	sed for future annual report	notification)
	n concerning this matter, pleas		
Mohammad A. Gheith		at (	
Name (	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 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)
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

(Name of Corporation as currently filed with the Flori	da Dept. of State)
Furniture &Cell Inc	
(Document Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpor</i> its Articles of Incorporation:	ation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Furniture & Cell, Inc.	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporation," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpor "chartered," "professional association," or the abbreviation "P,A"	orated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter new registered agent and/or the new registered office address:	the name of the
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
	25 E
(Florida street address)	<del>jū s</del> o
New Registered Office Address:	Florida III
(City)	(SpCode)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the ob-	ligations of the position.
Cimeran Program I American II American	
Signature of New Registered Agent, if cha	ngmg
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 <math>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: 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	
1) Change	P	Mohammad A. Gheith SR	4975 West Colonial Dr	
Add			Orlando, FL 32808	
X Remove				
2) Change	P	Mohammad A. Gheith	4975 West Colonial Drive	
X Add			Orlando, Fl. 32808	
Remove	VD.	D 1 4 14 69	4975 West Colonial Drive	
3) Change	VP ———	Bashar A. Mansour SR	Orlando, FL 32808	
Add				
X Remove				
4) Change	VP	Bashar A. Mansour	4975 West Colonial Drive	
X Add			Orlando, FL 32808	
Remove				
5) Change				
Add				
Remove				
δ) Change			_	
Add				
Remove				

uacu aaan	or adding addition ional sheets, if neces	ssary). (Be spe	veifie)			
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an amend	ment provides for a	<u>an exchange, re</u>	classification.	or cancellation	of issued shares	7
rovisions	for implementing the pplicable, indicate in	<u>ne amenament :</u> Mar	<u>ii not containe</u>	<u>a in the amena</u>	ment itseit:	
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The date of each amendment(s) adoption:date this document was signed.	, if other than th
03/10/2021 Effective date if applicable:	
(no more than 90 days after amen	lment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	ng requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately or	
"The number of votes cast for the amendment(s) was/were sufficient for a	proval
by	<u> </u>
(voting group)	
03/10/2021	
Dated	
Signature	
(By a director, president or other officer – if directors o selected, by an incorporator – if in the hands of a recei- appointed fiduciary by that fiduciary)	
Mohammad A. (Typed or printed name of person si	Gheith
(1 yped or printed name of person si	;mng)
President	
(Title of person signing)	