<u>P22000018809</u>

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SECRETARY OF STATE
TALLAHASSEE, FL



COVER LETTER

O: Amendment Section Division of Corporations

TAME OF CORPOR	RATION: KEM FURNITUR	E GALLERY INC				
OCUMENT NUMI	BER: P22000018809					
he enclosed Articles	of Amendment and fee are su	bmitted for filing.				
lease return all corre	spondence concerning this ma	tter to the following:				
	KATIUSKA VASALLO JU	NCO				
		Name of Contact Person	<u> </u>			
	KEM FURNITURE GALLE	RY INC				
		Firm/ Company				
	401 CORAL WAY SUITE I		33134			
		Address				
	CORAL GABLES, FL 3313	4		2	23	
		City/ State and Zip Cod	e	TAL TAL	24 N	en-praji
	kemfurniture401@gmail.com	า		CRETARY OF TALLAHASSEE	2024 NOV 19	
	E-mail address: (to be us	sed for future annual report	notification)			
or further information concerning this matter, please call:					바 : 1 뭐	Ü
KATIUSKA VASAL	LO JUNCO	786 at (9753894	STATE E, FL	+	
Name	of Contact Person		de & Daytime Telephone Nur	nber		
inclosed is a check fo	r the following amount made	payable to the Florida Dep	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)			
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810)		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

KEM FURNITURE GALLERY INC				
(Name of Corpo	oration as currently filed with the	Florida Dept. of State)		
222000018809				
(D	ocument Number of Corporation (if	known)		
ursuant to the provisions of section 607.1006, Fl s Articles of Incorporation:	orida Statutes, this <i>Florida Profit C</i>	Corporation adopts the following	lowing amendr	ment(s) to
. If amending name, enter the new name of t	he corporation:			
C-MULTISERVICES CORP.			The ne	<i>0</i> 147
ame must be distinguishable and contain the wor Inc.," or Co.," or the designation "Corp," ' chartered," "professional association," or the c	Inc," or "Co". A professional c	ncorporated" or the abbre corporation name must c	viation "Corp.	. , ,
3. Enter new principal office address, if applie Principal office address <u>MUST BE A STREET</u>				-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		SECRETARY OF S	
). If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.		enter the name of the	OF STATE	
Name of New Registered Agent		····		
	(Florida street address)	, , , <u>, , , , , , , , , , , , , , , , </u>		
New Registered Office Address:	(City)	Florida	(Zip Code)	-
iew Registered Agent's Signature, if changing			(Σφ Code)	
hereby accept the appointment as registered ago	ent. I am familiar with and accept t	he obligations of the posi	tion.	
	Signature of New Registered Agent,	if changing		

heck if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ddress of each Officer and/or Director being added: Attach additional sheets, if necessary) lease note the officer/director title by the first letter of the office title: = President: V= Vice President: T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief xecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. resident, Treasurer, Director would be PTD. hanges 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 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, like Jones, V as Remove, and Sally Smith, SV as an Add. xample: X_Change John Doe X Remove <u>V</u> Mike Jones X Add<u>SV</u> Sally Smith ype of Action <u>Title</u> Name <u>Address</u> Theck One)) ____ Change _ Add Remove ____ Change ___ Add Remove Change Add _ Remove ___ Change Add Remove

__ Change

Add

__ Change

_ Add

Remove

Remove

1		
the date of each amendment(s) add ate this document was signed.	ption:	, if other than
ffective date if applicable:		
	(no more than 90 days after amendment file date)	
ote: If the date inserted in this blo ocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date artment of State's records.	e will not be listed as
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder action	n and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.)
"The number of votes cast for	oved by the shareholders through voting groups. The following statement arch voting group entitled to vote separately on the amendment(s): or the amendment(s) was/were sufficient for approval (voting group)	71
	(voting group)	
11/11/2024 Dated Signature	HUL.	202 S.E.
(By a dire selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	2024 NOV 19 PM SECRETARY OF TALLAHASSEE
k	ATIUSKA VASALLO JUNCO	(n ~~
	(Typed or printed name of person signing)	PM I: 44 OF STAT SEFE. FL
P	RESIDENT	LATE FL
-	(Title of person signing)	