P92000011088

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BETTY'S E	XPERT UPHOLSTERY AND REFINISHING, INC			
DOCUMENT NUMBER: P92000011	088			
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning thi	s matter to the following:			
ANA L FERRE	EIRA			
	Name of Contact Person			
ANAS ACCOL	INTING SERVICES CORP			
	Firm/ Company			
2055 WOOD ST SUITE 114				
	Address			
SARASOTA, F	FL 34237			
	City/ State and Zip Code			
RAMOSHANA@C	COMCAST NET			
	be used for future annual report notification)			
· ·	,			
For further information concerning this matter,	please call:			
ANA L FERREIRA	at (941) 870-3400			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:			
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat	•			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee FL 32314	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

οf

BETTY'S EXPERT UPHOLSTERY AND REFINISHING, INC

(3) (4) (1) (1)	* I D (CC())	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
	lm avm)	_
(Document Number of Corporation (if I	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopts the following	ing amendment(s) to
A. If amending name, enter the new name of the corporation:		
BETTE'S EXPERT UPHOLSTERY AND R	EFINISHING, INC	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name musi	abbreviation
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)		13 OCT 24 FH 4: 38
D. If amending the registered agent and/or registered office addressive new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	FH 4: 33
Name of New Registered Agent		
(Florida stree	1 address)	
New Registered Office Address:	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar win		

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.

Example:	, and but	iy omun, or us un zuu.	
X Change	PT	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			
Add			
Remove			•
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding a (Attach additional sheets,	if necessary)	(Re specific)	zeisi nere:			
(Muacii additional sheets,	ij necessary).	(De specific)				
						
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If an amondment nucui	daa fan an avalu	amaa maalaasifia		allatiam afiaam	ممسمعام امم	
If an amendment provide provisions for implementations for impleme	nting the amen	idment if not co	ation, or cance	usel to Hullistie amendment it	eu shares,	
(if not applicable, i	ndicate N/A)	idment ii not co	named in the	amendment n	<u></u>	
Ά	,					
A						
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			-		<u> </u>	

date this document was signed		, if other than tr
Effective date if applicable:	10/21/2013	
<u> </u>	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and 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)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
Dated_10/2	21/2013	
se	y a director, president of other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	_
	JOE A CRUZIO	
	(Typed or printed name of person signing)	
	PRESIDENT	_
	(Title of person signing)	