## P060000026858

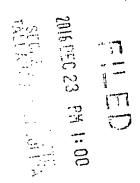
| (Req                                   | uestor's Name) |             |  |  |  |
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| (Addr                                  | ress)          | _           |  |  |  |
| (City/                                 | State/Zip/Phon | e #)        |  |  |  |
| PICK-UP                                | ☐ WAIT         | MAIL        |  |  |  |
| (Busi                                  | ness Entity Na | me)         |  |  |  |
| (Document Number)                      |                |             |  |  |  |
| Certified Copies                       | Certificate    | s of Status |  |  |  |
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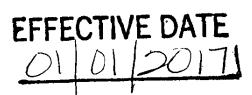
I ALBRITTON

## **COYER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPO                              | PRATION: ZOPPI THE WOO           | D FLOORING EXPERTS   | INC  |  |  |  |
|--|----------------------------------|--|--|--|--|--|
| DOCUMENT NUM                               | BER: P06000026858                |  |  |  |  |  |
| The enclosed Article                       | s of Amendment and fee are su    | bmitted for filing.  |  |  |  |  |
| Please return all corr                     | espondence concerning this ma    | tter to the following:   |  |  |  |  |
|  | CLAUDIA V MERLOS                 |  |  |  |  |  |
|  |                                  | Name of Contact Person   | 1  |  |  |  |
|  | ZOPPI THE WOOD FLOOR             |  |  |  |  |  |
|  | Firm/ Company                    |  |  |  |  |  |
|  | 6483 OCEAN DRIVE                 |  |  |  |  |  |
|  |                                  | Address  |  |  |  |  |
|  | MARGATE, FL 33063                |  |  |  |  |  |
|  |                                  | City/ State and Zip Code   |  |  |  |  |
| vgra                                       | umann77@gmail.com                |  |  |  |  |  |
|  | E-mail address: (to be u         | sed for future annual report                                       | notification)  |  |  |  |
|  |                                  |  |  |  |  |  |
| For further informati                      | on concerning this matter, pleas | se call:   |  |  |  |  |
| CLAUDIA V MERI                             | os                               | 954  | 4797607  |  |  |  |
| Name                                       | of Contact Person                | Area Co  | de & Daytime Telephone Number  |  |  |  |
| Enclosed is a check t                      | for the following amount made    | navable to the Florida Dens  | urtment of States  |  |  |  |
|  |                                  | p-/ 4510 10 110 1 101100 2 1pc                                     |  |  |  |  |
| ☐ \$35 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                            |                                  |  | Address  |  |  |  |
| Amendment Section Division of Corporations |                                  | • ••••••   | Iment Section  |  |  |  |
|  | D. Box 6327                      | Division of Corporations Clifton Building                          |  |  |  |  |
| Ta   | ilahassee, FL 32314              | 2661 Executive Center Circle                                       |  |  |  |  |
|  |                                  | Tallaha  | issee, FL 32301  |  |  |  |

## Articles of Amendment to Articles of Incorporation of



## ZOPPI THE WOOD FLOORING EXPERTS INC

| (Name of Corporation as curren  | ntly filed with the Florida Dept. of State)  |
|---|--|
| P06000026858  |  |
| (Document Number  | r of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:  | is Florida Profit Corporation adopts the following amendment(s)  |
| A. If amending name, enter the new name of the corporation: ACM FLOORING INC  | The new  |
| name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation | tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| B. Enter new principal office address. if applicable: (Principal office address MUST BE A STREET ADDRESS)   | N/A  |
|   |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | N/A  |
|   |  |
| D. If amending the registered agent and/or registered office ad<br>new registered agent and/or the new registered office addre  | ddress in Florida, enter the name of the   |
| Name of New Registered Agent N/A  |  |
|   |  |
|   | street address)  |
| N/A   | . Florida  |
| New Registered Office Address:  | (City) (Zip Code)  |

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                      | PT           | John Do  | <u>e</u> |         |
|-------------------------------|--------------|----------|----------|---------|
| X Remove                      | <u>v</u>     | Mike Jo  | nes      |         |
| _X Add                        | <u>sv</u>    | Sally Sn | nith     |         |
| Type of Action<br>(Check One) | <u>Title</u> |          | Name     | Address |
| l) Change                     |              | _        |          |         |
| Add                           |              |          |          | A       |
| Remove                        |              |          |          |         |
| 2) Change                     |              | _        |          |         |
| Add                           |              |          |          |         |
| Remove                        |              |          |          |         |
| 3 ) Change                    |              | _        |          |         |
| Add                           |              |          |          |         |
| Remove                        |              |          |          |         |
| 4) Change                     |              | _        |          |         |
| Add                           |              |          |          |         |
| Remove                        |              |          |          | ····    |
| 5) Change                     |              | _        |          |         |
| Add                           |              | _        |          |         |
| Remove                        |              |          |          |         |
|                               |              |          |          |         |
| 6) Change                     |              | _        |          |         |
| Add                           |              |          |          |         |
| Remove                        |              |          |          |         |

| Attach additi                         | If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific) |   |  |      |  |  |
|---------------------------------------|---|---|--|------|--|--|
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|                                       |   |   |  |      |  |  |
|                                       |   | ···   |  |      |  |  |
| <u>provisions i</u>                   | ment provides for an exchange, for implementing the amendment applicable, indicate N/A)                                 | reclassification, or ca<br>at if not contained in ( | ncellation of issued sha<br>he amendment itself: | res. |  |  |
|                                       |   | <del></del>   |  |      |  |  |
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| The date of each amendme                                   |                     | 12/15/201  | 16   | if other than th                           |
|--|---------------------|--|--|--|
| date this document was signe                               |                     | •  |  |  |
| Effective date if applicable                               | 01/01/2017          |  |  |  |
| Priority and Statement                                     |                     | (no more than 90                                 | days after amendment file                          | dats)                                      |
| Note: If the date inserted in document's effective date on |                     |  | able statutory filing requir                       | ements, this date will not be listed as th |
| Adoption of Amendment(s)                                   | ) ( <u>C</u>        | HECK ONE   |  |  |
| The amendment(s) was/w<br>by the shareholders was/         |                     |  | number of votes cast for ti                        | ne amendment(s)                            |
| ☐ The amendment(s) was/w<br>must be separately provide     |                     |  | ugh voting groups. The foote separately on the ame |  |
| "The number of vot   | es cast for the am  | endment(s) was/were                              | sufficient for approval                            |  |
| by   |                     | oting group)                                     |  |  |
|  | N                   | oting group)                                     |  |  |
| The amendment(s) was/w action was not required.            | ere adopted by th   | e board of directors v                           | without shareholder action                         | and shareholder                            |
| ☐ The amendment(s) was/w<br>action was not required.       | ere adopted by th   | e incorporators witho                            | out shareholder action and                         | shareholder                                |
| 12/1<br>Dated  | 5/2016              |  |  |  |
| Signature  | ON                  | 7  | 12/15/16<br>er – if directors or officers          |  |
|  | (By a director, pro | esident or other office                          | er - if directors or officers                      | have not been                              |
|  |                     | corporator — if in the<br>ury by that fiduciary) | hands of a receiver, truste                        | e, or other court                          |
|  |                     | laudia Vane                                      | essa Mentos<br>name of person signing)             |  |
|  |                     | (Typed or printed n                              | ame of person signing)                             |  |
|  |                     | Possident  |  |  |
|  | <del></del> :       |  | f person signing)                                  | <del></del>                                |