P11000064065

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14 FEB 20 PH 1: 16 STORE LARY OF STATE

APPROVED AND FILED

C. LEWIS
FEB 2 1 2014
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JC JUNIOF	R CARPET COR	P
DOCUMENT NUMBER: P1100006406	i5	
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this ma	tter to the following:	
REYNALDO GRI	NSTEIN	
ARMOR INS.AG	Name of Contact Person	1
71(10)(0)(11(0))(0)	Firm/ Company	
2631 A JAMMES		
	Address	
JACKSONVILLE	, FL 32210	
	City/ State and Zip Cod	e
ALOPOCHO@AOL.	СОМ	
_	sed for future annual report	notification)
For further information concerning this matter, please	se call:	
REYNALDO GRINSTEIN	at (904	7792777
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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	Ameno Divisio Clitton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation of

14 FEB 20 PH 1: 16

SECRETARY OF STATE TALL AHASSEE, FLORIDA

JC JUNIOR CARPET CORP

(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P11000064065	
(Document Number of Corporation (if)	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u> </u>
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 addressinew registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	(address)
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of Nove Registered Au	ant if changing

If amending the Officer's 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: 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>Namc</u>	Address	
1) Change	VP	Reinaldo Rodriguez Sanchez	5565 Connie Jean Rd	
Add			Jacksonville,Fl 32222	
Remove				
2) Change	VP	Samuel Vidal-Aguirre	5565 Connie Jean Rd	
Add			Jacksonville,FI 32222	
Remove				
3) Change			Authorities and Authorities an	
Add				
Remove			***************************************	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
J				
6) Change				
Add				
Remove				

E. <u>If amending</u> (or adding additional Art onal sheets, if necessary).	ticles, enter change(s) here: (Re specific)
(Attach daam	onai sneets, ij neeessai y).	(in specific)
		W/A
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	·•	
If an amendr	nent provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions f	or implementing the ame pplicable, indicate N/A)	endment if not contained in the amendment itself:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,	
		
		N/A
•		



The date of each amendment(s) adoption: 2-18-2014	14 FEB 20 PM 1: 16	, if other than the
date this document was signed.		
Effective date if applicable: 02-18-2014	SECRETARY OF STATE TALLAHASSEE ELOPID.	
(no more	than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE	o	
The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	s. The number of votes east for the amendment(s)	
The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entit		
"The number of votes cast for the amendment(s) w	as/were sufficient for approval	
by	.,,	
(voting group)		
The amendment(s) was/were adopted by the board of direction was not required.	rectors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporate action was not required.	rs without shareholder action and shareholder	
Dated 02/18/2014		
Signature Yonathan Vidal	1	_
	er officer – if directors or officers have not been	
appointed fiduciary by that fiduciary	if in the hands of a receiver, trustee, or other court uciary)	
JONATHAN C VI	DAL-AGUIRRE	
(Тур	ed or printed name of person signing)	
PRESIDENT		
	(Title of person signing)	

• • •