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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DDS TAMPA TAX SERVICE

Account Number : 120140000115

; (813)882-8426

Phone Fax Number

: (813)884-0263

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN ONILL FLOORING & TRIMMING CORP.

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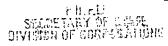
## COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATIO		ORING & TRIMI	MING CO	RP.	
DOCUMENT NUMBER:	P13000085040	····			
The enclosed Articles of Ame	endment and fee are su	bmitted for filing			
Please return all corresponder					
-	-	ONILSON M	IARTINS		
		Name of Cont			
	ONILL FI	LOORING & TR			
<del></del>		Firm/ Cor	npany		
		3450 PALENCI	A DR 141	3	
		Addro TAMPA, F			
		<u> </u>			
	DDA4	City/ State and	•		
	RDASILVA@LIBERTYTAX.COM				
Е	-mail address; (to be us	sed for future ann	ual report	notification)	
For further information conce	rning this matter, pleas	se call:			
ONILSON MARTII	<b>1</b> S	at (	813	675-5880	
Name of Cont	net Person		Area Co	675-5880 de & Daytime Telephone Number	
Enclosed is a check for the fo	llowing amount made	payable to the Flo	orida Depa	ertment of Sixte:	
\$35 Filing Fee	1\$43.75 Filing For & Certificate of Status	Certified Co (Additional of enclosed)	ру	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing A				Address	
Amendum Division of	Amendment Section Division of Corporations				
P.O. Box 6	Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle Tallahussee, FL 32301

**2**0003/0006



Articles of Amendment

15 DEC | | AM | |: | 4

ONILL FLOORING & TRIMMING CORP.  (Name of Corporation, as currently filed with the Florida Bept, of State) P13000085040  (Document Number of Corporation (if known)  invant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendmental Articles of Incorporation:  If amending name, enter the new name of the corporation:  The new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "app.," "Inc.," or "Co.," a Incorporated" or the abbreviation of "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: inicipal office address MUST RE A STREET ADDRESS.)  Enter new mailing address MOST REA POST OFFICE ROX.  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (Florida street address)  (Florida street address)  New Registered Agent Signature, if changing Registered Agent; hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	•	Articles of Incorporation	
(Name of Corporation as currently filed with the Florida Dept. of State)  P1300085040  (Document Number of Corporation (if known)  resuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment Anicles of Incorporation:  If amending name, enter the new name of the corporation:  The new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Gorp,," "Inc.," or "Co." A professional corporation name must contain the red "chargered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: rincipal office address MUST RE A STREET ADDRESS.)  Enter new mailing address MUST RE A STREET ADDRESS.)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX)  If amending the registered agent and/or registered office address:  Name of New Revistered Agent  (Florida street address)  New Registered Office Address:  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)		· · · · · · · · · · · · · · · · · · ·	
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hereby accept the appointment as registered agent. I um familiar with and uccept the obligations of the position.	New Revistered Office Address:	(Cip)	
			ligations of the position.
Signature of New Registered Agent, if changing		Signature of New Revistered Avent if cha	nying

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; I + Treasurer; S + Secretary; D + Director; TR + Trustee: C + Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Finuncial 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 us a Change. Mike Jones, V as Remove, and Sally Smith, SV us an Add.

X Change	PT	John Doc	
X Remove	Ā	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change	VP	DENIS DE MACEDO	3450 PALENCIA DR APT 1413
X Add			TAMPA, FL 33618-1853
Remove			
2) Change		,	
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Ramova			
5) Change			
Add			
Remove			
RESIDVO			
6) Change			
Add			
Remove			

much additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

FILEU SEGRETARY OF SIMPL DIVISION OF COMPERATIONS

The date of each amendment(s) ad	option:	15 DEC. L.L.	AHII: If other than the
date this document was signed.		,	
Effective date if applicable:			
	(no more than 90 day	ys after umendment file date)	
Note: If the date inserted in this bidocument's effective date on the De		statutory liling requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado by the shareholders was/were su		nher of votes cast for the amendmen	nt(s)
☐ 'The amendment(s) was/were upp must be separately provided for	roved by the shareholders through each voting group entitled to vote	voting groups. The following state separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were su	fficient for approval	
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors with	yout shareholder action and shareho	older
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without	shareholder action and shareholder	•
Dated	:015	_	
Signature	M/20110		
		if directors or officers have not be nds of a receiver, trustee, or other c	
	ed fiduciary by that fiduciary)	inas (ii a receiver, ii asiec, or unici c	oux
	ONILSON MART	INS	
	(Typed or printed nam	e of person signing)	
	President		
	(Pitte of p	crson signing)	<del> </del>