P1400008444

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2023 APR SECRET

HOREWAY OF STATE

2023 APR 20 AH II: 2

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Rodriguez YORK Carpet Installation Inc DOCUMENT NUMBER: P1800084440
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Julio Cardenas Name of Contact Person Rodriguez York Carpet Installin Ine Firm/ Company 15211 60 4 place N. Address Loxahatchee F1. 33470 City/ State and Zip Code Fondonella 4 @ aor. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Fondonella 4 @ Ook. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julio Cardenas at (954) 612-7967 Name of Contact Person Area Code & Daytime Telephone Number 777
Enclosed is a check for the following amount made payable to the Florida Department of State:
S \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

Rodriquez YORK C	or pet Installations Inc.
P 180000 8444	
	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	(x) 15211 604h Place N
	Loxahache fl. 3-34 30-
D. If amending the registered agent and/or register new registered agent and/or the new registered	T = C
Name of New Registered Agent	——————————————————————————————————————
	(Florida street address)
	(riorida sireci dadress)
New Registered Office Address:	, Florida (City)(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signa	ture of New Registered Agent, if changing

Check if applicable

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

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)

Example:

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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change	CFO	Denise	fondonella	BIVE H 616
Add				HALlanderly Bch. F1
X_ Remove				33009
2) Change			···	
Add				
Remove Change		_		
Add				APR II
Remove				APR 20 AM II: 25 CRETARK OF STAT CALLANDASSEE, FL
4) Change				The second secon
Add				E. FL. 25
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)	
		
		
		· <u> </u>
If an amendment provides for an exc	change, reclassification, or cancellation of issued	shares, SF 28
provisions for implementing the am	endment if not contained in the amendment itsel	
(if not applicable, indicate N/A)		下流 果 二
		字王 22 F
-		<u> </u>
		ASSEE AH II
		$m_{s} = 1$
		AHII: 25 SSEE, FL
		SECRETARY OF STATE TALLAHASSEE, FL

The date of each amendment(s) adoption: date this document was signed.	/- /.:	2023	, if other than the
Effective date <u>if applicable</u> :	$\frac{1}{100} = \frac{1}{100} = \frac{1}{100}$	2023 after amendment file date	e)
Note: If the date inserted in this block does not document's effective date on the Department of St		latutory filing requiremen	nts, this date will not be listed as the
Adoption of Amendment(s) (CHE	<u>CK ONE</u>)		
The amendment(s) was/were adopted by the in- action was not required.	corporators, or board of	of directors without share	holder action and shareholder
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap		per of votes east for the ar	mendment(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr			
"The number of votes cast for the amend	ment(s) was/were suffi	icient for approval	
by(voting	g group)	``	
Signature (By a director, preside selected, by an incorp appointed fiduciary b	porator – if in the hands y that fiduciary) Cardenas yped or printed name of	Denise directors or officers have s of a receiver, trustee, or Denise of person signing) VP, C	Fondone PR 2