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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: VINNIE'S CARPE	T SERVICE, INC.	
DOCUMENT NUM	1170378		
The enclosed Article	s of Amendment and fee are sul	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
	WILLIAM D. ANDERSON.	JR.	
		Name of Contact Person	1
	WILLIAM D. ANDERSON,	JR., P.A.	
		Firm/ Company	
	2897 SE OCEAN BLVD.		
		Address	
	STUART, FLORIDA 34996		
		City/ State and Zip Cod	e
adva	antagetitle2@bellsouth.net		
	- ·	ed for future annual report	notification)
For further informati	on concerning this matter, pleas	e call:	
WILLIAM D. ANDERSON, JR		at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made p	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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 Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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2017 DEC 11 PH 1: 35

VINNIE'S CARPET SERVICE, INC. (Name of Corporation as currently filed with the Florida Dept. of State) H79378 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. 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: WILLIAM D. ANDERSON, JR. Name of New Registered Agent 2897 SE OCEAN BLVD. (Florida street address) , Florida__ STUART New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and aftept the obligations of the position. Signature of New Registered Agent, if changing

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: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PD	VINCENT A. ZANFINI	4701 BIMINI CIR N
Add X Remove			PALM CITY, FLORIDA 34990
2) Change	SD	SUSAN L. ZANFINI	4701 BIMINI CIR N
Add			PALM CITY, FLORIDA 34990
Remove 3) Change	PD	JEREMY LEMASTER	2740 MAPP ROAD
X Add Remove			PALM CITY, FLORIDA 34990
4) Change	SD	JESSICA LEMASTER	2740 MAPP ROAD
X Add			PALM CITY, FLORIDA 34990
5) Change		<u> </u>	
Remove			
6) Change	-		
Add			

3. If amending or adding additional Articles, enter change(s) here:		
(Attach additional sheets, if necessary).	. (Be specific)	
		
- · · · · · · · · · · · · · · · · · · ·		
F. If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	nendment if not contained in the amendment itself:	
(y nor oppression and roll)		
-		
-		
<u> </u>		

NOVEMBER 20, 2017 , if other than the The date of each amendment(s) adoption: date this document was signed. NOVEMBER 20, 2017 Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) JEREMÝ LÉMASTER (Typed or printed name of person signing) President (Title of person signing)