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(Re	questor's Name)			
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COVER LETTER

TO: Amendment Section
Division of Corporations

0:1+	D. Carol
NAME OF CORPORATION: Right	Floor Care, Inc
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
	Marian Bannister
	Marian Bannister Name of Contact Person
L ₁₆	ght Floor Care, Inc.
	Firm/ Company
	1 S. Divie Huy. # 109-515 Address
$ ho_{\!a}$	Metto Bay, FL 33176 City/ State and Zip Code
	City/ State and Zip Code
E-mail addiress: (10 be us	t Cing@ hotmail.com sed for fuldre annual report notification)
For further information concerning this matter, pleas	se call:
Marian Bannister	at (305) 253-1757
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

01
Right Floor Care, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
M (0920
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Wright Carpet Cleaning, Inc.
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 that 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:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address .
1) Change	-		
Add			
Remove		n /	/A
2) Change		- <i>\</i>	
Add			
Remove			
3) Change		-	
Add		\$	
Remove			
4) Change			
Add			
Remove			
5) Change	 .		·
Add			
Remove			
6) Change			
Add			
Remove			

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	for an exchange, reclassification, or cancellating the amendment if not contained in the am	non or issued snares, endment itself:
ran amenament provides		
provisions for implement (if not applicable, indi	cate N/A)	
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provisions for implement	icate N/A)	

The date of each amendment(s) ad	option:	July 25	7,2016	, if other than the
date this document was signed.				
Effective date <u>if applicable</u> :				
	(no mor	re than 90 days after i	amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep			y filing requirements, th	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>NE</u>)		
The amendment(s) was/were adop by the shareholders was/were suf		lers. The number of v	votes cast for the amendr	nent(s)
☐ The amendment(s) was/were appromust he separately provided for e				
"The number of votes cast f	or the amendment(s)	was/were sufficient f	or approval	
by	(voting group		."	
	(voting group	7)		
☐ The amendment(s) was/were adopt action was not required.	oted by the board of c	directors without shar	eholder action and share	holder
The amendment(s) was/were adoption was not required.	oted by the incorpora	ators without sharehol	der action and sharehold	er
Dated	7/25/16 (JANE)	 		
Signature	(JAM)	· en		
(By a die	rector, president or of	ther officer - if direct	ors or officers have not	
			receiver, trustee, or other	r court
appointe	ed fiduciary by that fi	iduciary)		
_	Marian	Bannister printed name of pers		
	(Typed or	printed name of pers	on signing)	
_	Sec. 17	Treas_/Dir (Title of person sig		
		(Title of person sig	ning)	