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| (Req | uestor's Name) | |
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| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR | ATION: MR WOOD CUST | OM FLOORS, INC. | | |
|-----------------------------------|---|--|--|--|
| DOCUMENT NUMB | P0000036466 | <u> </u> | | |
| The enclosed Articles of | f Amendment and fee are su | ibmitted for filing. | | |
| Please return all corresp | oondence concerning this ma | tter to the following: | | |
| , | ALFONSO AVILA | | | |
| - | | Name of Contact Pers | on | |
| - | | Firm/ Company | | |
| 4 | 5 NW 103RD STREET | | | |
| _ | - | Address | | |
| ! | MIAMI, FL 33150 | | | |
| - | | City/ State and Zip Co | de | |
| | | | | |
| | E-mail address: (to be u | sed for future annual repo | rt notification) | |
| | | • | , | |
| For further information | concerning this matter, pleas | se call: | | |
| ALFONSO AVILA | | at (| 917-5858 | |
| Name o | Contact Person | Area C | Code & Daytime Telephone Number | |
| Enclosed is a check for | the following amount made | payable to the Florida De | partment of State: | |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$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 | | | rt Address adment Section | |
| Divis | ion of Corporations | Division of Corporations | | |
| | Box 6327 hassee, FL 32314 | | on Building Executive Center Circle | |

Tallahassee, FL 32301

STATEMENT OF FACTS

On September 18, 2017, an Amended Annual Report was filed with the Florida Department of State, Division of Corporations on behalf of Mr. Wood Custom Floors, Inc. The amendment that was filed added a new Officer/Director Felix Navarro as CEO of Mr. Wood Custom Floors, Inc. This document was fraudulently filed and signed electronically. I have never named Felix Navarro as CEO, nor does he hold any other titles in my company. Furthermore, I am unaware of who Felix Navarro is, and I have no business or personal relationship with him. The Officer/Director details should remain as they were when I filed my annual report on April 9, 2017 naming myself Alfonso Avila as president and registered agent of Mr. Wood Custom Floors, Inc. with no other officer details listed. I would like Felix Navarro's information removed from my business entity with no future access permitted. I am submitting a new Amended Annual Report to reflect the correct Officer/Director details.

VERIFICATION

Alfonso Avila, first being duly sworn under oath, verifies that the statements of facts, as set out above, are true to the best of his knowledge and belief.

Alfonso Avila

ACKNOWLEDGEMENT

COUNTY OF Braward

On this day of ______, 2017, personally appeared Alfonso Avila, and acknowledged that he signed the foregoing instrument as his free and voluntary act and deed.

Subscribed and sworn to before me, a Notary Public, the day and year last above written.

GWENDOLYN AMICA
Notary Proble - State of Florida
Commission & FF 964613
My Comm. Expires Jun 16, 2020
Notary Public

My commission expires:

Articles of Amendment to Articles of Incorporation of

FILED

MR WOOD CUSTOM FLOORS, INC.

2017 SEP 29 PM 2: 10

| \ | tion as currently filed with the Florida Dept. of State) (ALLANASEE, FLORIDA |
|--|---|
| P0000036466 (Docu | ment Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation: | da Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the c | corporation: |
| | The new |
| name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the | ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the eabbreviation "P.A." |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>9X</u>) |
| | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered | ered office address in Florida, enter the name of the loffice address: |
| Name of New Registered Agent | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| Heb Registered Office Hadress. | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Re- | |
| I hereby accept the appointment as registered agent. | I am familiar with and accept the obligations of the position. |
| | |
| Sim | nature 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 Do | <u>oe</u> | | | |
|----------------------------|--------------|--------------|----------------|--|--------------------|--|
| X Remove | <u>V</u> | Mike Jo | nes | | | |
| X Add | <u>sv</u> | Sally Sr | Sally Smith | | | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | | Address | |
| 1) Change | CEO | | NAVARRO, FELIX | | 45 NW 103RD STREET | |
| Add | | | | | MIAMI, FL 33150 | |
| X Remove | | | | | | |
| 2) Change | | _ | | | | |
| Add | | | | | <u> </u> | |
| Remove | | | | | | |
| 3) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 4) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| | | | | | | |
| 6) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |

| | eets, if necessary). | icles, enter change (Be specific) | | | |
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| f an amendment pr | ovides for an excl | hange, reclassificat endment if not cont | <u>ion, or cancella</u> | tion of issued sha and more itsalfo | ares, |
| if not applicab | le, indicate N/A) | nament is not cont | ameu in the am | endment fisen. | |
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| The date of each amendment(s) adoption: | , if other than the |
|--|-----------------------------|
| date this document was signed. | |
| 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 dat document's effective date on the Department of State's records. | e will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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): | 71 |
| "The number of votes east for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| (voting group) | |
| ☐ 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. | |
| 9/27/2017 | |
| Signature (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) | |
| ALFONSO AVILA | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| | |

(Title of person signing)