# PD1000025134

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: UNITED US	A FLOOR COVE	RING INC			
DOCUMENT NUMI	BER: P01000025	134				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	CARLOS ROD	RIGUEZ				
		Name of Contact Person	n			
		Firm/ Company				
	1121 HOMES	ΓEAD RD N, F	PMB 279			
		Address				
	LEHIGH ACRE	ES FL 33936				
		City/ State and Zip Cod	e			
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
WILLIAM S	SPARGUR	at (239	390-5005			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)			
	iling Address	Street	Address			
	endment Section	Amendment Section				
	Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building					
	ahassee, FL 32314		Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment **Articles of Incorporation**



#### UNITED USA FLOOR COVERING INC

OTTIES CONTIECCING INC				
(Name of Corporation as currently filed with the Florida Dept. of State)				
P01000025134				

(Document Number of Corporation (if known)

nent(s) to

If amending name, enter the new name of the DECO TILE & MARBLE			Th
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Coord "chartered," "professional association," or	Corp," "Inc," or "C	Co". A professional corporation nam	
. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>			<del></del>
Enter new mailing address, if applicable:		9918 HORSE CREEK F	 RD
(Mailing address <u>MAY BE A POST OFFICE</u>	: BOX)		
		FT MYERS FL 339	913
. If amending the registered agent and/or reg new registered agent and/or the new registe		ess in Florida, enter the name of the	<del>913</del>
. If amending the registered agent and/or reg new registered agent and/or the new registe Name of New Registered Agent		ess in Florida, enter the name of the	<del>913</del>
new registered agent and/or the new register		ess in Florida, enter the name of the	913
new registered agent and/or the new register	ered office address:	ess in Florida, enter the name of the	

### 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>e</u>	
X Remove	<u>v</u>	Mike Joi	<u>nes</u>	•
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				<del> </del>
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<u> </u>		
Add				
Remove				

	necessary). (B	se specific)			
					_ <del></del>
<del></del>					
	<del></del>		<del></del>		
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IC	<b>.</b>	,	4.	n 4 6 .	
If an amendment provides provisions for implement	ting the amendn	ent if not co	ntained in the	amendment its	elf:
4.4	icate N/A)				
(if not applicable, indi					
(if not applicable, ind	<del></del>				
(if not applicable, ind.					
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(if not applicable, ind					
(if not applicable, ind					

The date of each amendment(s) adoption: JAN 24, 2014 date this document was signed.	, if other than the
IANI 4. 2044	
Effective date if applicable:  (no more than 90 days after amendment file date)	
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	
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.	
Dated JAN 24, 2014	
Signature	
(By a director, president or other officer - if directors or officers have not been	<del>_</del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Jose Cabrela (Typed or printed name of person signing)	
	_
- SHAREHOLDER SECTETARY	_
/ (Title of person signing)	