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SELECTARY OF STATE

JUL 2 5 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JIMMY LYNCH TOTAL FLOOR COVERING, INC				
DOCUMENT NUMBER: P02000053599				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corre	spondence concerning this mat	tter to the following:		
	HELEN A. JONES			
		Name of Contact Person	1	
	ROCK SPRINGS TAX & ACCOUNTING, INC			
		Firm/ Company		
	13 EAST TANGLEWOOD I	DRIVE		
	Address			
	APOPKA, FL. 32712			
		City/ State and Zip Cod	e	
ROC	KSPRINGSTAX@AOL.CON	1		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, please call:				
HELEN A. JONES		at (407		
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 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)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE GIVISION OF CORPORATIONS

2016 JUL 15 PM 1: 15

to

JIMMY LYNCH TOTAL FLOOR COVERING, INC.

JIMMIT ETNETI TOTAL I LOOK COVERNO,		
(<u>Name of Corpo</u>	ration as currently filed	with the Florida Dept. of State)
	PDZI	000053399
(Do	ocument Number of Corpo	oration (if known)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida</i>	a Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the	e corporation:	
NA		The new
	orp," "Inc," or "Co".	ompany," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address, if applic	NA	
(Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable:	NI A	
(Mailing address MAY BE A POST OFFICE	BOX)	
D. If amending the registered agent and/or reg		Florida, enter the name of the
new registered agent and/or the new registe	red office address:	
Name of New Registered Agent NA		
	(Florida street addr	ress)
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent:	d accept the obligations of the position
i nervo, accept me appointment as registered age	а. гантуант а жин ил	a accept the congulations of the position.
	Signature of New Register	ed 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.

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	SEC	DOUGLAS HOUSEMAN	8 BURGUST STREET
X Add			APOPKA, FL. 32712
Remove			
2) Change			
Add			
Remove	•		
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	**************************************		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
NA	
	
<u> </u>	
	·
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment user.
NA	
	

The date of each amendment(s) adopt	tion:	FILE () if other than the
date this document was signed.		IVISION OF CORPORATION
Effective date if applicable:	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing re	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number of votes cast ient for approval.	for the amendment(s)
	ed by the shareholders through voting groups. The voting group entitled to vote separately on the	
	the amendment(s) was/were sufficient for approv	al
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder as	ction and shareholder
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action	and shareholder
07/11/2016 Dated		
Signature		
(By a direct selected, by	tor, president or other officer – if directors or off y an incorporator – if in the hands of a receiver, t fiduciary by that fiduciary)	
JIN	MMY LYNCH	
	(Typed or printed name of person signing	(1)
PR	ESIDENT	
	(Title of nomen signing)	