

_
_
_
_
_
_
_
_

Office Use Only



200317429252

08/27/18--01020--020 \*\*43.75

S. YOUNG FOR

18 AUG 27 M 9: 55
STOWN AND STATE TALLAHASSEE, FLURIDA

### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: JZ Flooring, Inc.  DOCUMENT NUMBER: POZOOO68367
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rolyn Palmer, JR Name of Contact Person
Name of Contact Person
Firm/ Company
828 NW S8 Avenue
Address  LAuderhill FC 33313  City/ State and Zip Code
JZM4/0ve@9meicC-Com  E-mail address: (to be used for future abnual report notification)
For further information concerning this matter, please call:
Lorna TRACET al 954, 290 8047
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:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy (Additional Copy

# Mailing Address

TO: Amendment Section

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

## Street Address

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

is enclosed)

### **Articles of Amendment**

# Articles of Incorporation of

JZ Flooring	9 Inc
(Name of Corporation as cucre	ntly filed with the Florida Dept. of State)
102000	068367
	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation;	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," o word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	Aug.
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	<u> </u>
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	711
	The of
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	. Fiorida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent:
i neveny accept the appointment as registered agent. I am jamilio	ir wun and accept the onugations of the position.
Signature of Nev	w 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 Jo	ohn Doe			
X Remove	<u>V</u> <u>N</u>	like Jones			
X Add	<u>sv</u> <u>s</u>	ally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	_	<u>Addres</u> s	
1) Change	VC	Olive	Palmer	1828 Nu Conderhil 33313	58 AUX
Add				Conderhil	of Fc
Remove				333/3	
2) Change					<del></del>
Add					
Remove					
3) Change					<del></del> _
Add					
Remove					
4) Change		<del></del>	<del></del>		
Add					
Remove					
5) Change	<u>.</u>				
Add					
Remove					
6) Change					****
Add					
Remove					

If amending or adding additional Article Attach additional sheets, if necessary).	(Be specific)		
	**		
		 	<del></del>
			•
		 	<del>.</del>
<u> </u>		 	
f an amendment provides for an exch provisions for implementing the ame			
(if not applicable, indicate N/A)		 <del></del>	
		<u>.</u>	

The date of each amendment(s) ad	option:	, 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 be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt -
"The number of votes casi	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	23/18	
Signatur	Rdy PPOL Z	
	rector president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	ROLYN Palme, IR (Typed or printed name of person signing)	
	_	
	President	
	(Title of person signing)	