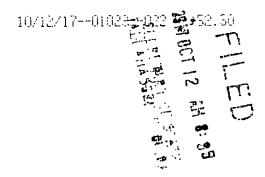
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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Andend

OCT 13 2017 I ALERITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: BEL FLOORS CO	PRPORATION			
DOCUMENT NUMBE					
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
	F	IERNAN BELTRAN			
_		Name of Contact Person	1		
	BEL FLOO	RS CORPORATION			
_		Firm/ Company			
		12764 NW 15 ST			
_	<u> </u>	Address			
	SUNRISE FL 33323				
		City/ State and Zip Code			
adri1061	@icloud.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information c	oncerning this matter, pleas	se call:			
HERNAN BELTRAN		at (at	804-8420		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for th	ne following amount made	payable to the Florida Depa	riment 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building			
Tallaha	ssee, FL 32314	2661 E	xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BEL FLOORS CORPORATION

(Name of Corporation as curren	tly filed with the Florida Dept	t. of State)
P030000303	207	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corporation ac	dopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpora	
B. Enter new principal office address, if applicable:	12764 NW 15 ST	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUNRISE FL 33323	20
	·	CT
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12764 NW 15 ST	2 1
	SUNRISE FL 33323	***
		en en
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		ne of the
Name of New Registered Agent		
(Florida :	street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
(Florida s	(City)	•
Registered Agent	t 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairmon or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 Doc	
X Remove	<u>V</u>	Mikę Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
t) Chause			
4) Change			•
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
TACITION C			

	adding additional A al sheets, if necessar	v). (Be specific)			
					
			 -		
			<u></u>		
					
	 				
					
			ication or cancella	tion of issued shar	~ \$_
lf an amendme	nt provides for an e	exchange, reclassif	A . Liveline		
provisions for	implementing the a	imendment if not-	contained in the an	endment itself:	
provisions for	nt provides for an e implementing the a licable, indicate N/A	imendment if not-	contained in the an	endment itself:	<u> </u>
provisions for	implementing the a	imendment if not-	contained in the an	endment itself:	
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provisions for	implementing the a	imendment if not-	contained in the an	nendment itself:	

•	10/01/2017	
The date of each amendment(s) add	pption:	, if other than th
date this document was signed.		
10/01/ Effective date <u>if applicable:</u>	2017	•
and the state of t	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ock does not meet the applicable statutory filing requirements, this cartment of State's records.	tate will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment icient for approval.	ı(s)
	oved by the shareholders through voting groups. The following statem ach voting group entitled to vote separately on the amendment(s):	nent
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	ted by the board of directors without shareholder action and sharehold	der
action was not required.	ted by the incorporators without shareholder action and shareholder	
10/04/2017 Dated	All July .	
(By a dire	compresident or other officer - if directors or officers have not beer	1
selected. appointed	by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	irt
_	HERNAN BELTRAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	