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MAY 2 2 2013 T. LEMBEUX



COVER LETTER

TO: Amendment Section Division of Corporations

ζ.

NAME OF CORPOR	ATION: Universal Flooring	of Pinellas, Inc.	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Melony D. Antonio		
		Name of Contact Persor	1
	Universal Flooring of Pinella	as, Inc	
	<u> </u>	Firm/ Company	_
	8328 40th PLN		
	·	Address	
	St. Petersburg, FL 33709		
	- 1	City/ State and Zip Code	2
1 1755	t d Our Large		
UPP:	.tel@aol.com	sed for future annual report	natitivation)
For further information	n concerning this matter, pleas	se call:at (871-3408
Name o	of Contact Person	at (Area Co) de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O	ling Address andment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 I	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Universal Flooring of Pinellas, Inc.		-0010 HAY 21 12 11 11 11 11 11 11 11 11 11 11 11
(Name)	of Corporation as current	tly filed with the Florida Depte of State
P03000122814		GEORE DRIVOR STATE
	(Document Number	SECHE WAY'OF STATE of Corporation (if known) - LAMASSEE, FLORICA
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:	
N/A		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ution "Corp." "Inc." or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P A,"
B. Enter new principal office address,	if anniaablar	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appl	ienklo:	
(Mailing address MAY BE A POST		N/A
D. If amending the registered agent an new registered agent and/or the ne		
Name of New Registered Agent	N/A	
Name of New Registered Agent		
	(Florida y	stepat subfrass
New Registered Office Address:		
		(Ca))
New Registered Office Address:	(Florida s N/A	treet address), Florida (Cny) (Zip Code)
None Destauration of St. Jan. 18	hanning Dagistanul 4	
New Registered Agent's Signature, if c I hereby accept the appointment as regis	tered agent. I am familiar	<u>и:</u> r with and accept the obligations of the position.
	•	
 -	Signature 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.

X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	$\underline{\Sigma}$	Mike 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	V	Jimmy D. Antonio	1500 94th Ave.
x Add			Pinellas Park, FL 33782
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 Arti (Attach additional sheets, if necessary).	(Be specific)
Adding Jimmy D. Antonio as 10 percent sh	nareholder. Shares are provided as a benefit to Jimmy D. Antonio.
F. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment it not contained in the amendment usen.
Issue 100 shares to Jimmy D. Antonio.	
	

	05/01/2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
0	5/01/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	t
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
05/17/20 Dated	018	
Signature 1	a director, president or other officer - if directors or officers have not been	
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	Melony D. Antonio	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	