P03000132420

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TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION:	ELIZABETH GOMEZ, I	NC.
DOCUMENT NUM	BER:	P03000132420	
The enclosed Articles	of Amendment and fee a	are submitted for filing.	
Please return all corre	spondence concerning th	is matter to the following:	
_		IZABETH GOMEZ	
	N	Name of Contact Person	
	ELIZA	ABETH GOMEZ, INC.	
		Firm/ Company	
_	2107	E HOWELL STREET	
		Address	
	тл	AMPA FL 33610	
	С	ity/ State and Zip Code	
<u></u>	E-mail address: (to be use	d for future annual report notification)	
For further information	on concerning this matter,	please call:	
ELIZA	BETH GOMEZ	at (813)	1474059
Name of	Contact Person	Area Code & Daytime Te	
Enclosed is a check fo	or the following amount n	nade payable to the Florida Depa	rtment 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	Je

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	GOMEZ, INC.		
/	filed with the Florida De	pt. of State)	
P03000	0132420		
(Document Number	of Corporation (if known)		
rsuant to the provisions of section 607.1006, Fl endment(s) to its Articles of Incorporation:	lorida Statutes, this Florida	a Profit Corporation	adopts the followi
If amending name, enter the new name of the	corporation:		
FORTRESS (CARPETS , INC		The new
breviation "Corp.," "Inc.," or Co.," or the des me must contain the word "chartered," "professi Enter new principal office address, if applica	ional association," or the c	· "Co". A profession abbreviation "P.A."	onal corporation
incipal office address <u>MUST BE A STREET A</u>			7 × 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or registered agent and/or the new registered. Name of New Registered Agent:	stered office address in Flo	orida, enter the nam	FILED NG 12 AM 9: 30 RETARY OF STATE: AHASSEE, FLORIDA e
Name of New Registered Agent.			
New Registered Office Address:	(Florida street addre	ess)	
New Registered Office Address:	(Florida street addre	ess) , Florida_ (Zip Code)	

If amendi	ng the Officers and/or Directo	rs, enter the title and name of each officer	director being
removed a	ind title, name, and address of ditional sheets, if necessary)	f each Officer and/or Director being added	<u>:</u>
(mach au	amonal sheets, if necessary)		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
			Li Remove
			_
			_
			_
			
			L Remove
T. 10	3° 28° 280 2		
(attach	ding or adding additional Art	(Re specific)	
	aumonai sheets, ij necessary).	(be specific)	
		change, reclassification, or cancellation of endment if not contained in the amendmen	
	not applicable, indicate N/A)	endment if not contained in the amiendmen	i itseii:
()	FF,		
	· <u></u>		

The date of each amendmer	nt(s) adoption: <u>08/10/2010</u>
• Effective date <u>if applicable</u> :	(date of adoption is required) 08/10/2010
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	vere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	vere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	vere adopted by the board of directors without shareholder action and shareholder vere adopted by the incorporators without shareholder action and shareholder
se	-The
	ELIZABETH GOMEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)