## P0300C

## (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) PO3 - 145150 (Document Number) Certified Copies Certificates of Status

Special Instructions to Filing Officer:  Advised
to Dec 34,03 AND Add
Change RA to Jim M. Barker to Ferm 14/03 (1)

Office Use Only

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TRANSMI	= 1	<u>LETTER</u>
		<u> </u>
TO: Amendment Section Division of Corporations	_ <del>_</del>	_
SUBJECT: Three B Floorig	-	INC
	1	
DOCUMENT NUMBER: PO300014	]	ن
The enclosed Articles of Amendment and fee are	-1	ed for filing.
Plane askema Wasanana dan asan asan ing disi		Also Calling to a
Please return all correspondence concerning this i		the following:
Jim D. Bark	-	
(Name	-	03
		DE LAN
Three B Floo	- ±	ENC.
(Name of F.	- 1	PILED  03 DEC 26 PH  ALLAHASSEE, FI
		4 · · · · · · · · · · · · · · · · · · ·
6749 Knight	<i>-</i>	-
(Ad.		a br.
		_
Orlando, FL		32818
(City/ State/	- <del></del>	l'ode)
For further information concerning this matter, plea		. <del></del>
To the man and the		
C 1 In R-shor	_	107 830-2775
Gail M. Barber (Name of Person)		Area Code & Daytime Telephone Number)
(Palle of Leison)	l	- Titel Code & Dayline Telephone Numbery
Enclosed is a check for the following amount:		
□\$35 Filing Fee □\$43.75 Filing Fee &	<u> </u>	5 Filing Fee & 🔼 🗆 \$52.50 Filing Fee
Certificate of Status		ied Copy Certificate of Status
	=	trettar copy is = (reditional copy
	[	sed) is enclosed)
Mailing Address	-	Street Address
Amendment Section		Amendment Section
Division of Corporations P.O. Box 6327	1	Division of Corporations  109 E. Gaines Street
Tallahassee, FL 32314	-	Fallahassee, FL 32399
• • • • • • •	1	, –

		0; 1 <i>}</i>
Articles of	====	dment to oration of
Articles of		oration of $\Box$
Three B Flooring		
(Name of corporation as curren:	(12 <del>1</del> -34-)	vith the Florida Dept. of State)
		LORID
P03000145		DA ST
(Document number		ration, if known)
Pursuant to the provisions of section 607.1006, $\frac{1}{F}$		statutes, this Florida Profit Corporation
adopts the following amendment(s) to its articles		rporation:
NEW CORPORATE NAME (if changing):	-	
	7	
(must contain the word "corporation," "company," or "inc	_	i" or the abbreviation "Corp.," "Inc.," or "Co.")
AMENDMENTS ADOPTED- Indicate Article		(s) and/or Article Title(s) being amended,
added or deleted: (BE SPECIFIC)		<del>-</del>
_	<u> </u>	
	¥	
Article # VII	3. <b></b>	
Add Officer to Con	1	tion/Change Registered
Title: Pres		Agent
Jim D. Barber	3. <b></b>	·
6749 Knightswood I	_ أ د	=
Orlando, FL. 32819	<u> </u>	
<u>.</u>	خت اید	
(Attach addition	道 1	necessary)
(Attach addition	a1	(decessary)
If an amendment provides for exchange, reclassif		cancellation of issued shares, provisions
for implementing the amendment if not contained	.E	tendment itself: (if not applicable, indicate N/A)
	J E	
	<b>#</b>	

(conti

. The date of each amendment(s) adoption:	∓	1,24,2003
· · · · · · · · · · · · · · · · · · ·		- =
Effective date, if <u>applicable</u> : (no more than 90 day		rendment file date)
Adoption of Amendment(s) (CHECK O	·=	·
☐ The amendment(s) was/were approved the amendment(s) by the shareholders	-	shareholders. The number of votes cast for re sufficient for approval.
☐ The amendment(s) was/were approved following statement must be separately separately on the amendment(s):	- <u>*</u>	shareholders through voting groups. The ed for each voting group entitled to vote
"The number of votes cast approval by	_ <del></del> ;	mendment(s) was/were sufficient for"
☐ The amendment(s) was/were adopted and shareholder action was not require	=-	oard of directors without shareholder action
The amendment(s) was/were adopted the shareholder action was not required.	- <del>-</del> -	ncorporators without shareholder action and
Signed this 34 th day of December	-	003
Signature  (By a director, president or other office selected, by an incorporator - if in the appointed tiduciary by that fiduciary)	**************************************	ectors or officers have not been f a receiver, trustee, or other court
Tim D. Bar (Typed or printed no		rson signing)
President (Title of I		ning)
FILIN		\$35