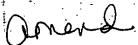
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Special Instruction	ons to Filing Officer:
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PJP 10

COVER LETTER

TO: Amendment Section

Division of Corporations	· i	
NAME OF CORPORATION: CENTRO	al Floorida Floor Cou	ering INC.
DOCUMENT NUMBER: PO400	0003042	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
Robert N	1A-FRZ Nâme of Contact Person	
Central Floric	la Hoor Covering In	wc_
631 RYANC	our t	
Winter Spring		
	City/ State and Zip Code	
E-mail address: (to be u	sed for future annual report notification)	
For further information concerning this matte	·	2020
Mobert Marz	at (407) 369	
Name of Contact Person	Area Code & Daytime Tel	epnone Number
Enclosed is a check for the following amount	made payable to the Florida Depar	tment of State:
\$35 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	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	 2661 Executive Center Circl 	e

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

EFFECTIVE DATE

FILED

2010 JUN 17 AM 11: 05 SECRETARY OF STATE TALLAHASSEE, FLORID

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

				The n
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp,"	"Inc," or "Co	o". A profession	orated" or t nal corporati
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>				
			:	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI				
			·	
			, enter the name	of the
D. If amending the registered agent and/or new registered agent and/or the new registered Agent:			, enter the name	of the
new registered agent and/or the new regi	stered office address:		, enter the name	of the
new registered agent and/or the new registered Agent:	stered office address:			of the
new registered agent and/or the new registered Agent:	stered office address:		, Florida_ (Zip Code)	of the

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)

Ti V	P. Paniel Fonseca	308 Conchsi Casselberry Apt # 204	he// L 71.32	Add Remove
				☐ Add ☐ Remove
			1	☐ Add
* .*			1: ;	
	If amending or adding additional Articles, enter (attach additional sheets, if necessary). (Be specified)		·	
	•		<u>:</u>	
F.	If an amendment provides for an exchange, rec provisions for implementing the amendment if (if not applicable, indicate N/A)			
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<u>:</u> -			- ;	
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				···
				

The date of eac	h amendment(s) ac	doption:6_	-14 -10			
Effective date <u>i</u>	f applicable:	6 - 21	of adoption is requ -/O	ired)	<u> </u>	
• • •	(no	more than 90 days	after amendment file	e date) _	• • • •	
Adoption of An	nendment(s)	(CHECK C	<u>ONE</u>)			
	nent(s) was/were add holders was/were su		olders. The number	of votes	cast for the ar	nendment(s)
			holders through voti entitled to vote separ			
"The nu	mber of votes cast f	for the amendment(s	s) was/were sufficier	nt for app	roval	
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	(voti	ing group)	**	4		• .
action was n	ot required.		of directors without s			
	Dated 6 -	14-10 but Wa		·		
	(By a dir selected,	by an incorporator d fiduciary by that f		a receiver	trustee, or o	
	<u>-</u> 24 3.337 -	(Typed or p	Maerz printed name of person Lont	on signin	g)	