# P0400008991

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SECRETARY OF STATE

# **COVER LETTER**

TÕ: Amendment Section
Division of Corporations

NAME OF CORPO		FLOOR COVER	RING, INC
DOCUMENT NUM	IBER: <u>P040000899</u>	<u> </u>	···· · · · · · · · · · · · · · · · · ·
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	SALVADOR ART	EAGA	
		Name of Contact Person	
	ARTEAGA FLOC	<u></u>	INC
	PO BOX 2024	Firm/ Company	
		Address	
	HAINES CITY, F	L 33845-2024	
		City/ State and Zip Code	e
M	NWISHIN@AOL.C	OM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
SALVADOF	ARTEAGA	at (863	, 557-1825
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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)
Ar B Di P.0	neiling Address nendment Section vision of Corporations Figor 6327 Ilahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

### **Articles of Amendment** to Articles of Incorporation of

# ARTEAGA FLOOR COVERING, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

## P04000008991

(Document Number of Corporation (if known)

dment(s) to

ame must be distinguishable and contain the wo Corp.," "Inc.," or Co.," or the designation "Cor ord "chartered." "professional association," or th	p," "Inc," or "Co"	". A professiona		
. Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AD</u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u> ) _			
If amending the registered agent and/or regist new registered agent and/or the new registere		in Florida, ente	r the name of t	he
Name of New Registered Agent				
	(Florida street d	address)		
New Registered Office Address:	(Circ)		, Florida	in Code)
	(City)			ip Code)
ew Registered Agent's Signature, if changing Rehereby accept the appointment as registered agent.	egistered Agent: I am familiar with	and accept the o	bligations of the	e position.
	New Registered Age	ut if ahanaina		

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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	V		RODERICK D. JENKINS	16418 NELSON PARK DRIVE
Add				APARTMENT 108
X Remove				CLERMONT, FL 34714
2) Change	V		ANDY ARTEAGA	110 STEWART ROAD
X				DAVENPORT, FL 33837
Remove				
3 ) Change				<u></u>
Add				
Remove				
4) Change				<u></u>
Add				
Remove				<del> </del>
5) Change	<u></u>	<u> </u>		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach dadm	onal sheets, if necessary). (Be specific)	
_		
		<del></del>
· · · ·		
provisions f	nent provides for an exchange, reclassific or implementing the amendment if not co oplicable, indicate N/A)	
	FROM RODERICK D. JENKINS	TO ANDY ARTEAGA.
	***************************************	
	<del></del>	

The date of each amendment	t(s) adoption: DECEMBER 6, 2012
Effective date if applicable:	DECEMBER 6, 2012
another and <u>amphenois</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_DECE	EMBER 6, 2012
Signature	By a director, president or other officer – if directors or officers have not been
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court
	opointed fiduciary by that fiduciary)
	SALVADOR S. ARTEAGA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)