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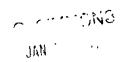
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Special Instructions to Filing Officer:			

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COVER LETTER

6 .:

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

name of corporation: $\overline{\mathcal{J}_1}$	mmy Bailey Woo Flook Finishing INC.				
NAME OF CORPORATION: Jimmy Bailey MOD FLOOR Finishing INC. PO400012326					
The enclosed Articles of Amendmen	t and fee are submitted for filing.				
Please return all correspondence con	cerning this matter to the following:				
	Helly A Bailey Name of Contact Person				
Name of Contact Person					
Jimmy Bailey WOOD Flook Finishing Inc					
- Company					
	122 NE 12th Terrace				
	Addiess				
	Cape Coral FL - 33909 City/ State and Zip Code				
	City/ State and Zip Code				
	Kelly813@Comcast. Net				
E-mail ac	Idress: (to be used for future annual report notification)				
For further information concerning the	nis matter, please call:				
Kelly A. Bailer	at (239), 265-1687 Area Code & Daytime Telephone Number				
Name of Contact Per	on Area Code & Daytime Telephone Number				
Enclosed is a check for the following	amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\$43.75 Certific	Filing Fee & Status Status Status Certified Copy Certificate of Status Certified Copy Certified				
Mailing Address	Street Address				
Amendment Section					
Division of Corpor	rations Division of Corporations				

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Jimmy Bailey Wood Floor	2 Finishing INC.
(Name of Corporation as currently f	iled with the Fforida Dept. of State)
1000000	2326
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Articles</i> of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Blackwood Flooks INC.	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.:	". A professional corporation name must containsthe 4."
B. Enter new principal office address, if applicable:	122 NE 12th Terraces
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Cape Coral, FL 33909
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_ . *
(maning address MAT BL AT VOT VITTLE DOS)	S
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered AgentN 🕏	
(Florida street	address)
New Registered Office Address:	Florida
C.	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	NA
A New Registered Agent's Signature, it changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg	istered Agent, if changing

Please note the officer/a	irector tit	le by the first letter of the office title:	e e e e e e e e e e e e e e e e e e e
P = President; V= Vice Executive Officer: CEO	Presiden = Chiaf	t; T= Treasurer; S= Secretary; D= Director; TR= T Financial Officer. If an officer/director holds more	rustee: C = Chairman or Clerk; ChO = Chief than one title, list the first letter of each office
held, President, Treasur	er, Direct	or would be PTD.	
Changes should be note	d in the fo	ollowing manner. Currently John Doe is listed as the corporation, Sally Smith is named the V and S . These	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change
A change, Mike Jones ie Mike Jones, V as Remov	eaves ine c re, and Sa	gorporation, saity smith is named the v and 3. These lly Smith, SV as an Add.	should be noted as some poet, i i and estange,
Example:			
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	. <u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			<u> </u>
			: ند
2) Change			
Add			
- Remove	,		
Change			72
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			

Add			
Remove			
			aga aga
6) Change			
Add			
Remove		-	

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)

f amending or adding additional Articles, enter change(s) here: NA	
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	4.31
	- <u> </u>
	ټري)
f an amendment provides for an exchange, reclassification, or cancellation of issue	ed shares,
provisions for implementing the amendment if not contained in the amendment it (if not applicable, indicate N/A)	SCIT.
(I) not applicable, indicate (NA)	
'	

The date of each amendment(s) adoption: _	Janhary	1,2019		, if other than the
date this document was signed.		2010		
Effective date <u>if applicable</u> :	January 1	, 2019	1 441 1-4-1	
	(no more than S	10 days after amend	ament jile date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the appli f State's records.	cable statutory filin	ng requirements, this date	will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)			
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The approval.	e number of votes of	east for the amendment(s)	
☐ The amendment(s) was/were approved by t must be separately provided for each votin	he shareholders thr g group entitled to	ough voting groups vote separately on	s. The following statement the amendment(s):	
"The number of votes east for the ame			proval	
by			<u>. </u>	
(V)	oting group)			
The amendment(s) was/were adopted by the action was not required.	e board of director	s without sharehold	der action and shareholder	
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators wit	hout slæreholder ac	ction and shareholder	
Dated	1,2019			
Signature X	boiley	i diventere	or officers have not been	
(By a director) pro- selected, by an in	esident op other ou corporator – if in tl	he hands of a receive	ver, trustee, or other court	•
appointed fiducia	ry by that fiduciary	:)		
	Kelly A.B	oailey _	gning)	
*** *********************************	(Typed or printed	I name of person sig	gning)	
	TRES.			
	(Title	of person signing)	1	