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| (Requestor's Name) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| NAME OF CORPORATION: Professional Floors - Mixe Inc DOCUMENT NUMBER: |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Patricia Lynne Phillips Name of Contact Person Professional Flound Amove Inc Firm/ Company Po Box 610371 Ciral Springs Fl. 33067 Address Address City/ State and Zip Code Howard Springs Fl. 33067 E-mail address (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Patricial Phillips at (954) 178-0471 Name of Contact Person at (954) 178-0471 Area Code & Daytime Telephone Number H. 33063 |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| S35 Filing Fee S43.75 Filing Fee SCertificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |

Street Address

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Mailing Address

P.O. Box 6327

Amendment Section
Division of Corporations

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation

| ~ ~ | UI . |
|--|---|
| Professional Flows Howell | Inc |
| (Name of Corporation as currer | ently filed with the Florida Dept. of State) |
| P04000035708 | |
| (Document Number | er of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation: | his Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | <u> </u> |
| | The new |
| "chartered." "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | A." |
| D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address Name of New Registered Agent | ddress in Florida, enter the name of the ress: |
| (Planida | street address) |
| l-torna . | SILVEL GUULESSY |
| New Registered Office Address: | , Florida (City) (Zip Code) |
| | (City) (Zip Code) |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

Remove

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.

| Mike Jones, V as Remove | , and Sally Smith, | SV as an Add. | |
|----------------------------|--------------------|----------------|----------------------|
| Example: X Change | PT John Do | œ | |
| X Remove | V Mike Jo | <u>ones</u> | |
| X Add | SV Sally Si | <u>mith</u> | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | <u> </u> | Lynne Phillips | 6122 Bay Front Dr |
| Add | | J . | Margate |
| Remove | | Dalaiai | Fl. 33063 |
| 2)Change | <u> 7</u> P | Patricia Lynne | 6122 Bay Front Dr. |
| Add | | Phillips | Margate \$1 \$ \$ |
| Remove 3) Change | | | <u> 14. 22.0 年</u> 日 |
| Add | | | |
| Remove | | | PM 1: 14 |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |

| ttach additional sheets, if necessary). (Be specific) | |
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| an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: | OF S |
| (if not applicable, indicate N/A) | ₽Ă |
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| The date of each amendment(s) adoption date this document was signed. | n: 5/5/8023 | , if other than the |
|--|---|---|
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block d document's effective date on the Departm | loes not meet the applicable statutory filing requirements, this date vent of State's records. | vill not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopted baction was not required. | by the incorporators, or board of directors without shareholder action a | nd shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficient | by the shareholders. The number of votes cast for the amendment(s) at for approval. | |
| ☐ The amendment(s) was/were approved must be separately provided for each v | by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the | e amendment(s) was/were sufficient for approval | |
| by | . . | |
| | (voting group) | |
| selected, by a | president drother officer - if directors or officers have not been in incorporator - if in the hands of a receiver, trustee, or other court uciary by that fiduciary) Particle Lynne Phillips (Typed or printed name of person signing) Vice Accord (Title of person signing) | 2023 MAY -8 PH I: IL SECRETARY OF STATE TALLAHASSEE, FL |