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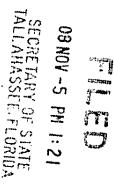




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C.COULLIETTE

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**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CASSO wood Floors FL 33023 City/ State and Zip Code) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$43.75 Filing Fee & **■\$43.75** Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address Amendment Section** Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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

or	۰		
MICASSO WOOD Floo	NIN	0	<del></del>
(Name of Corporation as currently filed with t	<u>he Florida De</u>	ept. of State)	
P04000/3/3/4			
(Document Number of Corporation	on (if known)		_
If amending name, enter the new name of the corporation:	es, this <i>Flori</i> d	da Profit Corp	poration adopts the
If amending name, enter the new name of the corporation	<u>li</u>	. 0	1/10
ne new name must be distinguishable and contain the incorporated" or the abbreviation "Corp.," "Inc.," or Co., Co". A professional corporation name must contain esociation," or the abbreviation "P.A."	" or the desi	gnation "Corp	o," "Inc," or
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )			
		· · · · · · · · · · · · · · · · · · ·	E co
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			CRETIR)
			TOP BY
If amending the registered agent and/or registered office new registered agent and/or the new registered office add		orida, enter tl	
Name of New Registered Agent:		, <u></u>	LUTTICE
New Registered Office Address: (Florid	da street addr	ess)	
		, F	lorida
	(City)		(Zip Code)
w Registered Agent's Signature, if changing Registered Agereby accept the appointment as registered agent. I am justion.		and accept th	e obligations of t
	Daniela di I	tent if changin	

## 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)

<u>Title</u>	Name	Address	Type of Action
Officer	Jestie Latimer	7220 tenbroke	Add Remove
	**************************************		Add Remove
	•		Add Remove
E. If amend (attach ad	ing or adding additional Articles, enter ditional sheets, if necessary). (Be specified)	change(s) here: fic)	·
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		144 1 - 244 - 1482	
<u>provisio</u>	endment provides for an exchange, reconstruction in the second of the se		
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The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated_10/28/08
Signature Gold Off
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
EJUAND AguilA (Typed or printed name of person signing)
PRESIDENT
(Title of person signing)