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SECRETARY OF STATE
TALLAHASSEE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: S | OUTHWEST | SUPERIOR FLOO | DRING, INC. | |
|--|----------------|---|---------------------------|---|
| DOCUMENT NUMBER: P05000 | 0040623 | | | |
| The enclosed Articles of Amendme | nt and fee ar | e submitted for filing | g. | |
| Please return all correspondence co | ncerning this | matter to the follow | /ing: | |
| MARTHA COLOMA | <u> </u> | | | |
| | (Name of | f Contact Person) | | |
| GENESIS FINANC | CIAL OF SC | OUTHWEST FLOF | RIDA, INC | |
| 1 | (Firm | n/ Company) | | , |
| 13180 N CLEVELA | ND AVE #3 | 18 | | |
| | (| Address) | | |
| N FORT MYERS, FL | 33903 | | | |
| | (City/ Sta | ite and Zip Code) | | |
| For further information concerning | this matter, p | olease call: | | |
| MARTHA COLOMA | | at (239) | 995-7500 | |
| (Name of Contact Person) | | (Area Code | & Daytime Tel | lephone Number) |
| Enclosed is a check for the following | g amount: | | | |
| | | \$43.75 Filing Fe Certified Copy (Additional copy enclosed) | | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Amendment Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL | orations Center Circle | e |

Articles of Amendment to Articles of Incorporation of



SOUTHWEST SUPERIOR FLOORING, INC.

P05000040623

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

(Document number of corporation (if known)

| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: | | | | |
|--|--|--|--|--|
| NEW CORPORATE NAME (if changing): | | | | |
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") | | | | |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) | | | | |
| ARTICLE VII - ALL NEW INFORMATION FOR SHAREHOLDERS AND OFFICERS | | | | |
| PABLO ALVAREZ JR. (P. VP. S. T.) | | | | |
| 8925 CHATHAM STREET | | | | |
| FORT MYERS, FL 33907 | | | | |
| PABLO ALVAREZ SR. (DIRECTOR) | | | | |
| 8925 CHATHAM STREET | | | | |
| FORT MYERS, FL 33907 | | | | |
| (Attach additional pages if necessary) | | | | |
| If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/ | | | | |
| PABLO ALVAREZ SR. (DIRECTOR) 15 SHARES | | | | |
| PABLO ALVAREZ JR. (P. VP. S. T.) 85 SHARES | | | | |

(continued)

| The date of each amendment(s) adoption: 05/18/2006 | | |
|--|--|--|
| Effective date if applicable: | 05/18/2006 | |
| | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| | was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval. | |
| | was/were approved by the shareholders through voting groups. The at must be separately provided for each voting group entitled to vote amendment(s): | |
| "The number o | f votes cast for the amendment(s) was/were sufficient for approval by | |
| | (voting group) | |
| | was/were adopted by the board of directors without shareholder action tion was not required. | |
| The amendment(s) shareholder action | was/were adopted by the incorporators without shareholder action and was not required. | |
| | | |
| selec | director, president or other officer - if directors or officers have not been sted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) | |
| PAI | BLO ALVAREZ | |
| | (Typed or printed name of person signing) | |
| PR | ESIDENT | |
| | (Title of person signing) | |

FILING FEE: \$35