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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	X 1 1 O 1 1	WOOD FLOOF	RS INC	
DOCUMENT NUMBI	P0500006454	4		
	Amendment and fee are sul			
Please return all corresp	ondence concerning this mat	ter to the following:		
ŗ	MIGUEL MARTIN	1EZ		
	Mig	Name of Contact Person		
	19901 SW 92 AV	Firm/ Company		
-		Address		
(CUTLER BAY, FI			
_		City/ State and Zip Code	e	
zena	aidasosa56@yah	100.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
MIGUEL MARTINEZ		at (786	316-2545	
Name of	Contact Person	Area Code & 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment, to

Articles of Incorporation of

FILED

MARTINEZ WOOD FLOORS I		2014 DEC 22 PM 3: 18
(Name of Corporation as currently	filed with the Florida Dept.	of State)
P05000064544		SCOME HARY OF STATE
(Document Number of	of Corporation (if known)	D ec
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	da Statutes, this Florida Profi	It Corporation adopts the following amendment(s
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or th	rp," "Inc," or "Co". A proj	ny," or "incorporated" or the abbreviation fessional corporation name must contain the
B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AD</u>	ole: DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	30X)	
(Manning and Control of Control o		
D. If amending the registered agent and/or regist new registered agent and/or the new registere		da, enter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered Agent: . I am familiar with and acco	ept the obligations of the position.
Signature of	New Registered Agent, if cha	nging

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 <math>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>oe</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title		Name	Address		
1) Change	sv		MIGUEL A MARTINEZ	19901 SW 92 AVE		
Add				CUTLER BAY, FL 33157		
Remove						
2) Change	sv	<u></u>	YUNIER VASALLO	3182 SW 26 ST		
Add				MIAMI, FL 33133		
Remove						
3) Change						
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add						
Remove						

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Be specific	,		If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
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If an amendment provide provisions for implemen (if not applicable, inc	iting the ame	nange, reclass indment if no	ification, or ca t contained in	ncellation of is the amendment	sued shares, itself:					
provisions for implemen	iting the ame	nange, reclass ndment if no	ification, or ca t contained in	ncellation of is the amendment	sued shares, itself:					
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provisions for implemen	iting the ame	nange, reclass	ification, or est	incellation of is the amendment	sued shares,					

The date of each amendment(s) adoption: 10/20/2014 date this document was signed.	, if other than the
Effective date if applicable: 10/20/2014	
(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 100% ."	
(voting group)	
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_12/17/2014	
Signature (By a director, president of other officer – if directors or officers have not been	<u>_</u>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MIGUEL MARTINEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	