(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(D.,	ainana Eutika Nam	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer:	
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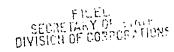
TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MARTINEZ	Z WOOD FLOOI	RS, INC.	
DOCUMENT NUMBI	DOEOOOG4E4			
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
1	MIGUEL MARZIJ	NEZ		
- - -	* My yus	Name of Contact Person	n	
	1990√SW 92 AV	Firm/ Company 'ENUE		
		Address		
<u>(</u>	CUTLER BAY, F	· · · · · · · · · · · · · · · · · · ·		
		City/ State and Zip Cod	e	
ZEN	IAIDASOSA56@	YAHOO.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
MIGUEL MAF	RTINEZ	at (786	316-2545	
Name of Contact Person			de & 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)	
	ng Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MARTINEZ WOOD FLOORS, INC.

15 APR 13 AM 10: 30

(Name of Corporation as currently	y filed with the Florida Dept. of State)	
P05000064544		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or the contact of the contac	word "corporation," "company," or "incorporated" or the abl orp," "Inc," or "Co". A professional corporation name must co the abbreviation "P.A."	breviation ontain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)	ble: DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address in Florida, enter the name of the ed office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City), Florida (Zip Code)	
	(Elp Code)	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agent	Registered Agent: at. I am familiar with and accept the obligations of the position.	
Signature of	f New Registered Agent, if changing	

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 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.

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	sv	ROLANDO RODRIGUEZ	23250 SW 120 AVE
Add			HOMESTEAD, FL 33032
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<u></u>			
6) Change			
Add			
Remove			

tach additional s	ding additional Ar heets, if necessary)	. (Be specific	<u> </u>		
					
	· · · · · · · · · · · · · · · · · · ·				
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<u>rovisions for im</u>	provides for an explementing the amble, indicate N/A)	change, reclass tendment if no	sification, or ca t contained in t	ncellation of issi he amendment i	ued shares, tself:
				 	
					-

The date of each amendment(s) adoption: 04/08/2015	erone TARY file of wif-other than the
date this document was signed.	SECRETARY OF STATE other than the DIVISION OF CORPUNATION
Effective date if applicable: 04/08/2015	15 APR 13 AM 10: 30
(no more than 90 days after am	nendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of vot by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting gro must be separately provided for each voting group entitled to vote separately	
"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 shareh action was not required.	older action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholde action was not required.	r action and shareholder
Dated_04/08/2015	
Signature Tu qul	
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a rec	
appointed figuriary by that fiduciary)	cerver, dustee, or other court
MIGUEL MARTINEZ	
(Typed or printed name of	person signing)
PRESIDENT	
(Title of person sig	ening)