## P050000064544

Office Use Only



900318659439

03/26/16--01013--011 \*\*35.00



SEP 7018 C

SEP 25 2013

## **COVER LETTER**

TO HON OF LORS TO TAKE

TO: Amendment Section Division of Corporations

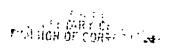
Tallahassee, FL 32314

2878 SEP 26 PM 14 66

NAME OF CORPORATION: MARTINEZ WO	OD FLOORS. INC.	
DOCUMENT NUMBER: P05000064544		
The enclosed Articles of Amendment and fee are st	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
MIGUEL MARTINEZ		
Minus	Name of Contact Person	n
19901 SW 92 AVENUE	Firm/ Company	
	Address	
CUTLER BAY, FL 33157		
	City/ State and Zip Cod	e
ZENAIDASOSA56@YAHOO.CC	DM	
	sed for future annual report	notification)
	,	,
For further information concerning this matter, plea	se call:	
MIGUEL MARTINEZ	at (	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 & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address ment Section in of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



MARTINEZ WOOD FLOORS, INC.

2011 SEP 26 PM 14 BS

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P05000064544	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres.	
Name of New Registered Agent	
Name of New Registered Agent	
Elorida st	reet address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(A.A.)
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>
I hereby accept the appointment as registered agent.—I am familiar	with and accept the obligations of the position.
Signature of New I	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.

Example: X Change	<u>PT</u> <u>Joh</u>	<u>m Doe</u>	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DIRECT	HECTOR MARTINEZ	20101 RANCH ROAD
Add			CUTLER BAY, FL 33189
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

		-				
	<del></del>		<u> </u>			
f an amendment provides for an exchang	reclassific	ition ores	ncellation	of issued sh	iares	
provisions for implementing the amendu	nent if not cor	ntained in t	he amend	ment itself:		
(if not applicable, indicate N/A)						
	-			- ·-	•	

09/23/2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.  09/23/2018	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date wild document's effective date on the Department of State's records.	II not be listed as the
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	
100% by	
by (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.	
09/23/2018	
Dated	
$\mathcal{M}_{\mathcal{A}} = \mathcal{A}$	
Signature (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)	
MIGUEL MARTINEZ	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	