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**C LEWIS** 

## **COVER LETTER**

Division of Corpor	rations					
NAME OF CORPORATION: At B Woodflowing Corp Inc  DOCUMENT NUMBER: 105 0000 75477						
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
-	ALECSSAN	Name of Contact Person				
_	ACO WOODFLOORING CORP. JUC.					
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City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
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For further information concerning this matter, please call:						
ALECSGANDRE DASILVA at 352 572 7961						
Name of	f Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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)			
Mail	ing Address	Street	Address			

TO: Amendment Section

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

## **Articles of Incorporation**

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,	of DIVISION OF CORP AND ONE
Af B Woodflooning	erp Inc
(Name of Corporation as current	ntly filed with the Florida Dept. of State 15 PH 12: 54
16500007547	7
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporal" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
<ol> <li>If amending the registered agent and/or registered office and new registered agent and/or the new registered office addresses</li> </ol>	
1.11	2004
Name of New Registered Agent ///	
(Florida	street address)
1111	·
New Registered Office Address: NI	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	ent:  ar with and accept the obligations of the position.
N/A	
Signature of No.	w 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	$\overline{}$	Rebecca Harp	
Add Remove			
2) Change	VD	Alecssandre Pasilia	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

NIL	itional sheets, if r	necessary). (E	, enter change Se specific)	(s) nere.		
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If an amene	i tor imblementi	<u></u>			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	
provisions	applicable, indic	cate N/A)				
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provisions (if not	applicable, indic	cate N/A)				

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		Spring & Baker
Effective date if applicable:	(no more than 90 days after amendment file da	UIVISICACITA
		IS NUV 16 PHISE
Note: If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ador by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the afficient for approval.	mendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voiing group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and	d shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and sha	reholder
Dated	1/9/15	•
	/ <b>/</b> /	
Signature	recompresident or other officer – if directors or officers have	ua not baon
	l, by an incorporator – if in the hands of a receiver, trustee, o	
	ed fiduciary by that fiduciary)	, , , , , , , , , , , , , , , , , , ,
	ALECSOANORE DASILV	//
	(Typed or printed name of person signing)	· · · ·
	President	
	(Title of person signing)	