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Amend

MAR 25 2020 I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: JONIS CARPET,	INC.	
DOCUMENT NUMBE	P05000107624		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
٧	ENEZIA PORTILLO		
	ONIS CARPET, INC.	Name of Contact Persor	1
_		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
73	301 TANGELO AVE.		
_		Address	
P	ORT RICHEY, FLORIDA	, 34668	
·	-	City/ State and Zip Code	•
po	ortillo7281@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
VENEZIA PORTILLO		727 at (	336-7243
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for the	he 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)
Ameno Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

JONIS CARPET, INC.			
(Name	of Corporation as current	y filed with the Florida De	pt. of State)
P05000107624	<b>∮</b> }		2
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.	.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment
its Articles of Incorporation:	•		
A. If amending name, enter the new n	ame of the corporation:		
	•		The nev
name must be distinguishable and contain	the word "corporation," "	company," or "incorporated	d" or the abbreviation "Corp.,
"Inc.," or Co.," or the designation "Chartered," "professional association,"			name must contain the word
		7301 TANGELO AVE.	
B. Enter new principal office address, (Principal office address MUST BE A S			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PORT RICHEY, FLOR	(IDA, 34668 
	i		
C. Francisco mailine adduces if such	i Saabba		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		PO BOX 6851	
	1	HUDSON, FLORIDA, 3	34674
		*:	<del> </del>
		-	
D. If amending the registered agent ar			ame of the
new registered agent and/or the ne-	- · · · · · · · · · · · · · · · · · · ·	<u>::</u>	
Name of New Registered Agent	VENEZIA PORTILLO		
	7301 TANGELO AVE. P	ORT RICHEY, 34668	
		eet address)	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	7301 TANGELO AVE. P	ORT RICHEY	, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	<b>:</b>	
I hereby accept the appointment as regist			ons of the position.
	$1/\Delta$	1	
	1/2/1	delle	
······································	Signature of New R	egistered Agent, if changing	<del></del>
Check if applicable			
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11)	(e), F.S.	

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)

Example:

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>	<u>Name</u>	<u>Addres</u> s
I) Change	P	JONIȘ PORTILLO	4508 N 72ND ST
Add X			TAMPA, FLORIDA, 33610
Remove 2) Change	P	VENEZIA PORTILLO	7301 TANGELO AVE.
X Add			PORT RICHEY, FLORIDA, 3466
Remove 3) Change			
Add			
Remove 4) Change			
Add			<del></del>
Remove  5) Change			
Add		!	
Remove			
6) Change			
Add Remove			

(Attach additional sheets, if necessary,	rticles, enter change(s) here:  (Be specific)		
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· If an amendment arounds for an arr			
<ul> <li>If an amendment provides for an ex provisions for implementing the an</li> </ul>	nendment if not contained in	the amendment itself:	
(if not applicable, indicate N/A)	,		
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	03/02/2020	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
	2/2020	
Effective date <u>if applicable</u> :	<del> </del>	
	(no more than 90	days after amendment file date)
Note: If the date inserted in this bl document's effective date on the De		ble statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or bo	oard of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su		number of votes cast for the amendment(s)
		ugh voting groups. The following statement ote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were	sufficient for approval
by		**
·/	(voting group)	·
03/02/2020	)	
Dated		- 61
	1/-//	11/1
Signature	1/2/18	della
	rector, president or other office	r - if directors or officers have not been
		hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)	
	VENEZIA PORTILLO	
-	(Typed or printed na	ame of person signing)
	P	

(Title of person signing)