P05000 116986

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SECRETARY OF STATE
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FEB 1 5 2016 C. CARROTHERS

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: AZM CARDET INSTALLATIONS, INC (Name of Corporation)
DOCUMENT NUMBER: P05000116986 ·
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
MAURICIO VELA (Name of Person)
(Name of Person)
AZM CARPET INSTAUATIONS
(Name of Firm/Company)
5395 PLAINS DRIVE. (Address)
· (Address)
LAKE WORTH, FL · 33463 · (City/State and Zip Code)
For further information concerning this matter, please call:
MAURICIO VELA: at (561) 4528989 (Name of Person) (Area Code & Daytime Telephone Number)
,,,

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P050001	16986.	
(Document Number of C		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following	owing amendment(s) to
A. If amending name, enter the new name of the corporation:	N/A-	Ti
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name	
word chartered, projessional association, or the abovernation 1.	<i>7</i> 1.	2016 5E
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA.	E E E
		SSEE F
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		T T:3
	NA.	
		
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent	NIT	
	·	
(Florida street	t address)	
New Registered Office Address:	N/17, Florida	(Zip Code)
(C		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the posi	tion.
	10	
	NA.	
Signature of New Reg	gistered 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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u> Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>C</u>	Alex F. BAQUERIZE.	West PACK BEACH M. 33415
X Add		(Westracy Beach
Remove			Pa. 33415
2) Change	_0_	BRAYAN J. MOLINA.	5395 PLAINS DR. LAKE WONTH Pl. 33463.
Add			LAKE WONTH
Remove			A. 33463.
3)Change		 	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional attach additional sheets, if necessa	ry). (Be specific)			
· · · · · · · · · · · · · · · · · · ·		N/k,			

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				·	
an amendment provides for an provisions for implementing the (if not applicable, indicate N/.	amendment if not				
		(
		NA			
		1			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 1/27/2016.	
Signature Afaunus/lenn	
(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)	
	10 VERA
(Typed or printed name of person signing)	
Preparati	

(Title of person signing)