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(Re	questor's Name)	·····
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATE	DOBOO	tep Flooring	<u>g</u>	
The enclosed Articles of A	mendment and fee are su	bmitted for filing.		
Please return all correspond	dence concerning this made	tter to the following:		
	John :	TKing Name of Contact Person	· · · · · · · · · · · · · · · · · · ·	
	First St	ten Floor	ina	
<u>(0</u>	106 34Hb	Court Fa	5+	
+1	1	Address		
	HELLION I	City/ State and Zip Code	<u>}</u>	
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
John Name of Co	King Intact Person	at (GL)	DOLI 9754	
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)	
Mailing	Address	Street .	Address	

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tailahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

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DIVISION	CF CORT LI MITTHE
	A. A600 C. CLAR

C. O.	of		a viciosa et cost (1 34.4)f
First Step	Flooring	2 Inc	15 NOV 16 AH 11:26
(Name of	Corporation as currently	villed with the Florida Dept	. of State)
<u> </u>	<u> </u>		
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this i	Florida Profit Corporation ad	dopts the following amendment(s) to
A. If amending name, enter the new name	e of the corporation;		
NA			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional association	on "Corp," "Inc," or "(Co". A professional corpora	rated" or the abbreviation
B. Enter new principal office address, if a (Principal office address MUST BE A STR		6100 34 Ellenton, F	L 34202
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		Leiou 34th Ellenton Fl	Court E. - 34200
D. If amending the registered agent and/o new registered agent and/or the new r	or registered office addr egistered office address:	ess in Florida, enter the nam	ne of the
Name of New Registered Agent	N/A		
_	/El-::J		
	(Florida stre	ei auaress)	
New Registered Office Address:	WIYT	(City)	, Florida(Zip Code)
	· ·	**	(
New Registered Agent's Signature, if char I hereby accept the appointment as registere	n <mark>ging Registered Agent:</mark> d agent. I am familiar w	ith and accept the obligations	s of the position.
	Signature of New Ro	egistered Agent, if changing	· · · · · · · · · · · · · · · · · · ·
		0	

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 <math>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 D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	YP) 	Henry Eugene With	(1435 Shoot Creek
Add				St.CIR
Remove				Bradenton, FL 34202
2) Change	VF	<u> </u>	Tyler. W. Murphy	LOIDU 34th Court E.
Remove				[11010],1-21000,
3) Change		_		
Add				
Remove				
4) Change				
Add				the state of the s
Remove				
5) Change		_		
Add				
Remove				
6) Change		·		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Re specific)
(rituon buantonia smois, y meessary).	NIA
	N // ·
If an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	- 10
	N/ / *
	,

The date of each amendment(s) adoption:	11/11/15		, if other than the
date this document was signed.	11/11/15	DIVISICAÇÃO	ne na ai
Effective date <u>if applicable</u> :	11 11 1 1		GAT CRAINER
	(no more than 90 days after	amendment file date NOV 16	8M II - 27
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statuto	· ·	will not be listed as the
Adoption of Amendment(s)	CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of vor approval.	votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each voti	the shareholders through voting ging group entitled to vote separat	groups. The following statement ely on the amendment(s):	
"The number of votes cast for the an	nendment(s) was/were sufficient	or approval	
by		27	
(voting group)		
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without shar	eholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	he incorporators without sharehol	der action and shareholder	
Dated//_/	15		
Signature Sam	S. Kin		
	resident or other officer Vif direct		
	ncorporator – if in the hands of a	receiver, trustee, or other court	
appointed fiduci	ary by that fiduciary)		
	John J. K	in a	
	(Typed or printed name of pers	on signing)	
	Presider	H Mowner	,
	(Title of person sig	ning /	