## P07000005244

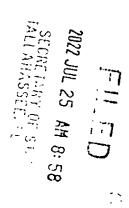
(Requestor's Name)				
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(City	//State/Zip/Phone	· #)		
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## • COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR		dive Foam, Inc.			
DOCUMENT NUME	P07000005244 BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Steve Tokarz				
	Name of Contact Person Millennium Decorative Foam. Inc.				
	9099 Aster road	Firm/ Company			
	Address Fort Myers, FL., 33967				
		City/ State and Zip Code	2		
	steve@decorativefoamandsto	ne.com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Steve Tokarz		239 at (	340-1625		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	S43.75 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

•	to		[_	$t_{I}$ .	
	Articles of Inco	orporation	1	11 ED	$\mathcal{O}$
Millennium Decorative Foam, Inc.	<b>.</b>		2022 JUL .	// ED 25 Ali 8:4	
(Name of Corporat	ion as currently	filed with the Florida	Dept of State)	31 8: 4	8
1/07(000(0)5244			MILKHASS		•
(Docur	ment Number of	Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	a Statutes, this F	Elorida Profit Corporatio	on adopts the fo	llowing amend	lment(s) to
A. If amending name, enter the new name of the c	orporation:				
Decorative Foam and Stone, Inc				The 1	iew
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	" or "Co". A	ompany," or "incorpora professional corporation 17470 Jean street	ted" or the abbi on name must	reviation "Corp	o.,
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS ASTREET ASTREE		Building A			_
		Fort Myers, FL., 3396	.7		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>9.X</u> )	17470 Jean street			<del>-</del>
		Building A			
		Fort Myers, FL., 3396	7		<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office addr l office address:	ess in Florida, enter th	e name of the		
Name of New Registered Agent					
	(Florida stre	vet address)			
1000			Mandala		
New Registered Office Address:		City)	, Florida	(Zip Code)	_
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	gistered Agent: I am familiar w	ith and accept the oblig	ations of the po	sition.	
Sign	nature of New Re	rgistered Agent, if chang	ing		
Check if applicable					

☐ The amendment(s) is/are being filed pursuant 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)

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amendi</u> (Attach <i>ad</i> N/A	ing or adding a ditional sheets,	dditional Arti if necessary).	icles, enter cha (Be specific)	ange(s) here:				
		<u> </u>			<u> </u>			
<u>_</u>				<del>-</del>				
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				·				
. If an ame	ndment provid	les for an excl	nange, reclassi	ification, or c	cancellation o	f issued share lent itself:	<u>s,</u>	
(if no	ot applicable, in	adicate N/A)		-				
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## 07/20/2022

The date of each amendment(s) a	doption:	, it other than the
date this document was signed. 07/2	20/2022	
Effective date if applicable:	(no more than 90 days after an	T. Cl. Lev
	(no more than 90 days after an	nenament fite date)
Note: If the date inserted in this document's effective date on the D		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of direct	ors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of voufficient for approval.	ites cast for the amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting greach voting group entitled to vote separately	oups. The following statement won the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient fo	r approval
Steve H Tokarz		**
by	(voting group)	<del></del> ·
07/20/2023		
Dated		
<u> </u>	4.	
Signature	Cli	
selecto	firector, president or other officer – if directored, by an incorporator – if in the hands of a rested fiduciary by that fiduciary)	rs or officers have not been ceiver, trustee, or other court
	Steve Tokarz	
	(Typed or printed name of person	n signing)
	Comany Owner	
	(Title of person signing)	