P0700018618

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R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALL FLOORS OF ORLANDO, INC. **DOCUMENT NUMBER:** P07000018618 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SHARON CARACCIOLO-CLAYTON Name of Contact Person ALL FLOORS OF ORLANDO, INC. Firm/ Company 8255 LEE VISTA BLVD. SUITE H ORLANDO, FL 32829

City/ State and Zip Code Sharon@allfloorsoforlando.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 243-2685

Area Code & Daytime Telephone Number SHARON CARACCIOLO-CLAYTON Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

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

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

Articles of Amendment

Articles of Incorporation

FILED

ALL FLOORS OF ORLANDO, ING.

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000018618

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," o	r "Co". A professional corpo	
Enter new principal office address, rincipal office address <u>MUST BE A S</u>		N/A	
Enter new mailing address, if appli		N/A	
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)	-	
(Mailing address MAY BE A POST)	d/or registered office a w registered office addr	ess:	ame of the
(Mailing address MAY BE A POST of the second	d/or registered office a w registered office addr SHARON CARAC	ess: CIOLO-CLAYTON	ame of the
(Mailing address MAY BE A POST of the If amending the registered agent and new registered agent and/or the new	d/or registered office a w registered office addr SHARON CARAC 8255 LEE VIST	ess: CIOLO-CLAYTON A BLVD. SUITE-H street address)	ame of the la 32829 (Zip Code)

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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sall</u> y	v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>V</u>	HECTOR TORRES	8255 LEE VISTA BLVD.
Add			ORLANDO, FL 32829
Remove			
2) Change	<u>V</u>	SYLVIA TORRES	8255 LEE VISTA BLVD.
Add			ORLANDO, FL 32829
Remove			
3) Change	VSCF0	SHARON CARACCIOLO-CI	8255 LEE VISTA BLVD
Add			ORLANDO, FL 32829
Remove			-
4) Change	Р	LEROY C. CLAYTON	8255 LEE VISTA BLVD
Add			ORLANDO, FL 32829
Remove			
5) Change			
Add			
6) Change			
Add			
Remove			Carring - Pale Ling - Pale Ling

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N/A	
- 	
F. If an amendment provid provisions for implement (if not applicable, in	les for an exchange, reclassification, or cancellation of issued shares, nting the amendment if not contained in the amendment itself: adicate N/A)
CANCELLATION OF	ALL SHARES OWNED BY HECTOR TORRES
CANCELLATION OF	ALL SHARES OWNED BY SYLVIA TORRES
DIVISION OF SHARE	S: 51% OWNED BY LEROY C. CLAYTON

The date of each amendment(s) adoption: 09-01-2014	, if other than the
date this document was signed.	,
Effective date if applicable: 09-01-2014	
(no more than 90 days after amendment file date)	
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):	
"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.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 09/01/2014	
Signature Signature	
(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)	
LEROY C. CLAYTON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	