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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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JUN 27.2013 R. WHITE TO ACKNOWLEDGE

AND THE SALES OF STATE OF STAT

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DOING IT RIGHT FLOORING, INC
DOCUMENT NUMBER: \$\int 0 \forall 000090892
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SALUAJOR UELARJO
Name of Contact Person
4200 JACKSON RIUTT LAND
TAVIANASSEE FL. 32304
TAVIAMASSEE FL. 32304
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SALVANDR VELARDE at (850) 491-1150
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee Certificate of Status \$43.75 Filing Fee Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

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

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

Articles of Amendment

Articles of Incorporation

FILED

of July 27 AM 10: 4:1
· DOING IT RIGHT FLOORING.INC. SERBEL OF STATE
(Name of Corporation as currently filed with the Florida Dept. of State)
1 10 7000090892
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(sits Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent SALVANOR VELARDE
4200 JACKSON BLUFF Lane (Floridu street address)
New Registered Office Address: TNIASSEE FL., Florida 32304 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing
Signature of New Registered 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	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	4200 Jackson blut J- Zan
1) Change	P	Garcia Valle Claudia	920-34-37
Add			
Remove			
2) Change	P	SALUADRUELARDE	4200 Jackson bluff Lone
¥ Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			4
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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,, (doption: $(e-27-15)$
The date of each amendment(s) a	doption:
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval
by	.,,
	(voting group)
action was not required. The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated 06 G	Cala Uphik
Signature S	halm Volule
(By a d	director, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
	SALUADOR UELARDE (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	<u>President</u>
	(Title of person signing)