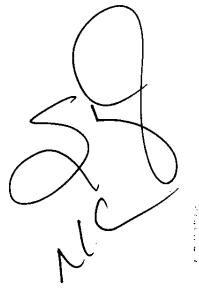
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(R	Requestor's Name)
A)	Address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
· (E	Business Entity Name)
(C	Document Number)
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Bo	phemia Tile design inc.	- 5
DOCUMENT NUMBER: P080	000066773	_ 0
The enclosed Articles of Amendmen	at and fee are submitted for filing.	
Please return all correspondence con	ocerning this matter to the following:	
	Tomas Hornacek (Name of Contact Person)	
	(Name of Contact Person)	
	Bohemia Tile design inc. (Firm/ Company)	
	3101 53rd st sw	
	(Address)	
	Naples Florida 34116	
For further information concerning t	(City/ State and Zip Code) his matter, please call:	
Tomas Hornacek	at (239) 287 3577	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	-
Enclosed is a check for the following	g amount made payable to the Florida Department of State:	
\$35 Filing Fee \$43.75 Filing Certificate of		Status y
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 of

2088 DEC	EILED
TALEA HASS	AM 9:51
ate)	

Bohemia Tile des		SS OF STA
(Name of Corporation as currently filed w	th the Florida Dept. of St	ate)
P080000667		· · · · · · · · · · · · · · · · · · ·
(Document Number of Corpo	oration (if known)	_
Pursuant to the provisions of section 607.1006, Florida Stational following amendment(s) to its Articles of Incorporation:	catutes, this <i>Florida Profit</i>	t Corporation adopts the
A. If amending name, enter the new name of the corpora	ıtion:	
Bohemia Floor covering inc.		
The new name must be distinguishable and contain "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must con association," or the abbreviation "P.A."	Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Σ)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent:		iter the name of the
New Registered Office Address: (F	lorida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I a position.		ept the obligations of the

Signature of New Registered Agent, if changing

The date of each amendment(s) adoption: 11/24/08		
Effective date if applicable:	11/24/08	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement ed 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)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated_11/24	4/08	
Signature_	Jours House	
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Tomas Hornacek	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	