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COVER LETTER

Division of Corpo	rations				
NAME OF CORPORATION: Northern Pride Flooring Inc.					
DOCUMENT NUMB	er: <u>P080000</u>	75658			
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corres	pondence concerning this mat	tter to the following:			
-		Name of Contact Person			
Northern Pride Flooring Inc. Firm/Company					
		ntry Street Address			
		Address			
	Clearwate	r FL 337	55		
City/ State and Zip Code					
joe 2 remei Kis @ gmail. com / Email address: (to be used for future annual report notification)					
Email address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Josep	n Remeikis	at (727	de & Daytime Telephone Number		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
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

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

TO: Amendment Section

Street Address

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

Articles of Amendment to Articles of Incorporation

of

Northern Pride Floor	ing Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P0800007568	ō %
(Document Number of	*
·	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
·	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	F8 2
C. Enter new mailing address, if applicable:	To a m
(Mailing address MAY BE A POST OFFICE BOX)	
	08.
	<u>~_</u> _ω
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
	
(Florida stree	et address)
Nava Registered Office Address:	Elouido
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	ed to add the activities
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered 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	PT John	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S_</u>	Michael Remeikis	7245 Hollowed Dr
X Add			Tampa FL 33634
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
	
	
	
	
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)	
	
·	

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date if applicable:	7-17-17	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements, this date of State's records.	e 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	the shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):	nt.
"The number of votes east for the ar	mendment(s) was/were sufficient for approval	
by	<u></u>	
((voting group)	
☐ The amendment(s) was/were adopted by t action was not required.	the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by t action was not required.	the incorporators without shareholder action and shareholder	
selected, by an i	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)	
appointed induct	- Contraction (
	Joseph Remei Kis (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	