## P08000104084

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	EL KAUN FLOOR FINISHING INC		
DOCUMENT NU	MBER:	BER:P08000104084		
The enclosed Artic	les of Amendment and f	ee are submitted for filing.		
Please return all co	rrespondence concerning	this matter to the following:		
_		KESIOS Z ARAUJO		
		Name of Contact Person		
_	EL KA	UN FLOOR FINISHING INC		
	Firm/ Company			
•	1735 BRANTLEY ROAD # 509			
•	Address			
	FORT MYERS FL 33907			
		City/ State and Zip Code		
	egber E-mail address: (to be	omaciel@earthlink.net used for future annual report notification)		
For further information	ntion concerning this ma	ter, please call:		
	SIOS Z ARAUJO	at (at (239)321-1875		
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amou	nt made payable to the Florida Department of State:		
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Ac Amendmen Division of P.O. Box 6 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

DIVISION OF CORPORATIONS	
09 OCT -1 PM 3: 01	

EL KAUN FLO	OOR FINISHING IN	C	3: 0
(Name of Corporation as curr	ently filed with the Florid	a Dept. of State)	J
P08	3000104084		
(Document Nur	nber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this F.	lorida Profit Corporation	adopts the following
A. If amending name, enter the new name o	f the corporation:		
	·		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc	e," or "Co". A profession	
B. Enter new principal office address, if app			
(Principal office address <u>MUST BE A STREE</u>	ET_ADDRESS )		
-			
			<u> </u>
C. Enter new mailing address, if applicable	COE BOW		
(Mailing address MAY BE A POST OFF)	CE BOX		<del></del>
D. If amending the registered agent and/or new registered agent and/or the new registered.		n Florida, enter the name	e of the
	or o		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street d	uddress)	
	(= 12.7777 22.7	,	
	(City)	, Florida (Zip Code)	
	•	(24) (3.00)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of		and accept the obligations	of the position.
	Signature of New Registere	d 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
DIR	RAFAEL RIOS	4935 SHERRY ST FORT MYERS FL 33905	
<del></del>			
	ding or adding additional Articles, of dditional sheets, if necessary). (Be		
<u>provisi</u>		e, reclassification, or cancellation of nt if not contained in the amendmen	
_			

The date of each amendmen	t(s) adoption: 09	9/24/2009
Effective date <u>if applicable</u> :	09/24/2009	(date of adoption is required)
	(no more than 9	90 days after amendment file date)
Adoption of Amendment(s)	( <u>CH</u>	HECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
* * * * * * * * * * * * * * * * * * * *	• •	he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	ndment(s) was/were sufficient for approval
by		21
•	(voting group)	
action was not required.	•	e board of directors without shareholder action and shareholder e incorporators without shareholder action and shareholder
Dated 09/2	24/2009	
sel	y a director, president of the correction of the	ident or other officer – if directors or officers have not been rporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		KESIOS Z ARAUJO
	(Ту	yped or printed name of person signing)
	Title o	2 Anago / Pres