P08000 105 478

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2019 SEP 16 AATH: 08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Souza Floorcoverin	g Inc.		
DOCUMENT NUM	P08000105478			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corre	espondence concerning this mat	ter to the following:		
	Anthony Souza			
		Name of Contact Person		
	Souza Floorcovering Inc.			
		Firm/ Company		
	2233 Kean Ct	, ,		
		Address		
	Naples, Fl. 34117			
		City/ State and Zip Code	2	
preo	uza999@aol.com			
arso	-	sed for future annual report	notification)	
	D-man address. (to be de	ed to that amain report	,	
For further informati	on concerning this matter, pleas	se call:		
Anthony Souza		at (595-3443	
Name	of Contact Person	Area Code & Daytime Telephone Numb		
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment 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			Address dment Section	
	nendment Section vision of Corporations		on of Corporations	
	O. Box 6327	Cliftor	n Building	
	illahassee. FL 32314		Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

Souza Floorcovering inc.

(Name of Corporation as currently filed with the Florida Dept. of State) 6 P08000105478 (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: A. If amending name, enter the new name of the corporation: 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 (Florida street address) New Registered Office Address: (City) 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

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.

Mike Jones, V as Remove	, and Sal	ly Smith, SV as an Add.	
Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Anthony Souza	2233 Kean ct
Add			Naples, FL 34117
Remove			
2) Change	D	Michael Wedlock	2233 Kean Ct
<u>x</u> Add			Naples, FL 34117
Remove			
3) Change		Martin Porucznik	2233 Kean Ct
X Add			Naples, FL 34117
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damoua			

Attach additional sheets, if necessary	Articles, enter chan v). (Be specific)				
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f an amendment provides for an e provisions for implementing the a	exchange, reclassification	cation, or cancell contained in the a	<u>ation of issued st</u> mendment itself:	iares,	
(if not applicable, indicate N/A)	OMAINCA III CHE A	menoment usem		
11	•				
- <u>-</u>					

•	9/12/2019	
The date of each amendment(s) ac	loption:	, if other than th
date this document was signed.		
	/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) fficient 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):	nii
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholde	r
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
9/12/2019 Dated Signature	mus from	
	lirector 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 cour	t
appoir	ited fiduciary by that fiduciary)	
	Anthony Souza	
	(Typed or printed name of person signing)	<u> </u>
	President	
	(Title of person signing)	