

P09000038488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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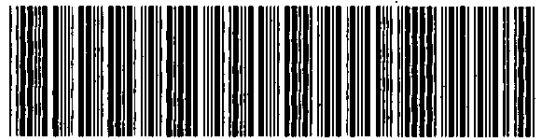
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 AUG 11 PM 4:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

NC
TheW
8-12-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ARTISANS RESTORATIVE CONCRETE INC.

DOCUMENT NUMBER: P09000038488

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TAMY ROGERS

Name of Contact Person

FIRST AMERICAN FINANCIAL SERVICES, INC.

Firm/ Company

2430 ESTANCIA BLVD. SUITE 205

Address

CLEARWATER, FL 33761

City/ State and Zip Code

tamy@fafsinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMY ROGERS

Name of Contact Person

at (727)

712-2214

Area Code & 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

Street Address

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

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

To Whom It May Concern:

Artisans Restorative Concrete, Inc. recently filed an Application for Registration of Fictitious Name. This application was rejected due improper completion of the form. Instead of correcting the errors on this form and re-filing the form, Artisans Restorative Concrete, Inc. would prefer to simply amend and change the name of the corporation. Please see the enclosed Articles of Amendment. Please disregard the previously filed Application for Registration of Fictitious Name. Please apply the \$50.00 sent in along with the Application for Registration of Fictitious Name and apply it instead to the Articles of Amendment form fee of \$35.00. And please refund the difference of \$15.00 (if possible, preferably to First American Financial Services, Inc.).

Thank you,

First American Financial Services
2430 Estancia Blvd. Ste. 205
Clearwater, FL 33761

2009 AUG 11 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

09 AUG 11 PM 4:58

ARTISANS RESTORATIVE CONCRETE INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P09000038488

(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:

LYMAN'S RESTORATIVE FLOORING, INC.

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**)

2817 OAKLAWN AVE STE. A

LARGO, FL 33771

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:

New Registered Office Address:

(Florida street address)

_____, Florida
(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

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 7/21/2009

(date of adoption is required)

Effective date if applicable: 7/21/2009

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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)

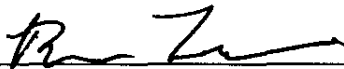
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated

8/6/09

Signature



(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

BRUCE G. LYMAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)