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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: GEROY FLOORING VINYL, CERAMIC, DOCUMENT NUMBER: PO9 000102853
DOCUMENT NUMBER: 109 000 102853
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FRANCIS CO GEROY Name of Contact Person
Firm/ Company
B329 Galewood Cir. Address Tamfa, FL - 33615 City/ State and Zip Code
Address
Tampa, FL. 33615
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FRANCISCO GETOY at (813) 45/-6690 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy (Additional Copy (Additional Copy

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

is enclosed)

<u>-11</u>

Articles of Amendment to . Articles of Incorporation



ent(s) to

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	a Statutes, this Florida Profit Corp	poration adopts the following amendm
A. If amending name, enter the new name of the co	orporation:	
		The ne
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A profession	r "incorporated" or the abbreviational corporation name must contain the
B. Enter new principal office address, if applicable	e:	
(Principal office address <u>MUST BE A STREET ADI</u>	DRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
	<u> </u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, ent office address:	er the name of the
Name of New Registered Agent		
	(Florida street address)	. , ,
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:	
hereby accept the appointment as registered agent.	I am familiar with and accept the	obligations of the position.
Sign	ature of New Registered Agent if a	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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	_ <u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	ADALBERTO Ruiz	9819 Willow WAY
<u></u> ✓ Add			Tampa, FL. 33635
Remove			
2) Change	VP	Roberto Alfonso	4512 CASTAWAY DR. Tampa, FL. 33615
Add			Tampa, Fl. 33615
Remove			
3) Change			
Add			
Remove		-	 .
4) Change			
Add			
Remove			
5) Change			
Add		-	
Remove			
6) Change			
Add		-	<u>.</u>
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	•
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	9-15-16	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of State		his date will not be listed as the
Adoption of Amendment(s) (CHECK	(ONE)	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approx	cholders. The number of votes cast for the amendr	ment(s)
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group		
"The number of votes cast for the amendmen	nt(s) was/were sufficient for approval	
by	35	
by(voting g	roup)	
☐ The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder action and share	cholder
The amendment(s) was/were adopted by the incorpaction was not required.	•	ler
Dated 9-15-/	16	
Signature		
(By a director, president	or other officer – if directors or officers have not later – if in the hands of a receiver, trustee, or other	
FA	PANCISCO GEROY	
(Туре	d or printed name of person signing)	
	P.	
	(Title of person signing)	****