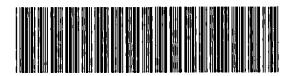
## P10000019568

(Re	equestor's Name)	
(Ad	dress)	
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(Cir	ty/State/Zip/Phone	· #)
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TALLAHASSEE, FLORING

Amero

C.COULLIETTE

APR 19 2010

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section

·	,
Flooring + Interior F	inishes Inc.
submitted for filing.	
matter to the following:	
Lwis	
e of Contact Person	
ns + Interior Finis	hes, Inc.
Firm/ Company	
t Cervantes St.	
onida 3250   State and Zip Code	
yahoo. com	magality and the state of the s
or tuture attitual report notification)	
ease call:	
at ( 850 ) 361 - 96	614
Area Code & Daytime Tel	ephone Number
de payable to the Florida Depar	tment of State:
\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Street Address	
Amendment Section	
Division of Corporations	
<u> </u>	
	submitted for filing.  natter to the following:  Lwis  e of Contact Person  A Jutaina Finis  Firm/ Company  F Carvantes St.  Address  State and Zip Code  Or future annual report notification)  ease call:  at (850 ) 361 - 96  Area Code & Daytime Telle payable to the Florida Depart  State Address  Amendment Section

Tallahassee, FL 32301

## **Articles of Amendment**

to

## **Articles of Incorporation**

 $\mathbf{of}$ 

P10000019 568			
(Document Num	ber of Corporation (if know	m)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this <i>Flo</i>	orida Profit Corporation a	adopts the following
A. If amending name, enter the new name of	the corporation:		
- Same -			The new
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc.	" or "Co". A professiona	rated" or the al corporation
B. Enter new principal office address, if app		1e =	
(Principal office address MUST BE A STREE	TADDRESS )		2 6 6 B
			CO - COUNTRY
<ul> <li>C. Enter new mailing address, if applicable:         (Mailing address MAY BE A POST OFFICE)</li> <li>D. If amending the registered agent and/or r</li> </ul>	CE BOX) — Solme		SECTION OF THE O
(Mailing address <u>MAY BE A POST OFFI</u>	registered office address in		1: 5t
(Mailing address MAY BE A POST OFFICE)  D. If amending the registered agent and/or r	registered office address in		1: 5t
(Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or registered agent and/or the new registered agent.)	registered office address in stered office address:	Florida, enter the name	1: 5t
(Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:	registered office address in stered office address:  - Same - (Florida street ad	Florida, enter the name  delication of the second of the s	1: 5t
(Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:	registered office address in stered office address:  - Same	Florida, enter the name	1: 5t
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered agent:  Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if changing the company of the new registered Agent's Signature, if changing the company of the co	registered office address in stered office address:  - Same  (Florida street address)  (City)  ng Registered Agent:	Florida, enter the name  ddress), Florida (Zip Code)	FLORIBLE Of the
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:	registered office address in stered office address:  - Same  (Florida street address)  (City)  ng Registered Agent:	Florida, enter the name  ddress), Florida (Zip Code)	T-STATE of the

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>	Name	Address	Type of Action
450	Briamm. Leve	2104 Magnolic Ave Pensagolo 174 32503	M Add ☐ Remove
(attach a	ding or adding additional Articles, additional sheets, if necessary). (Be		
<u>provisi</u>	mendment provides for an exchange ons for implementing the amendme not applicable, indicate N/A)		

The date of each amendment(	s) adoption: 3-10-10 (date of adoption is required)
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.
The amendment(s) was/wern must be separately provided	e approved by the shareholders through voting groups. The following statemen l for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	3-8-10
	a director, president or other officer - if directors or officers have not been
	cted, by an incomporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	Tyler 5. Laws (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	7/8/
	(Title of person signing)