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13 NOV 15 PM 1:28
SECRETARY OF STATE
FALL AREASSEE FLORIDA

NOV 20 2013

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: MIBZAR FLOORING DOCUMENT NUMBER: P10000062966 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **GEOVANY LOPEZ** Name of Contact Person Firm/ Company 4257 GREENWOOD AVE Address FORT MYERS FL, 33905 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **GEOVANY LOPEZ** Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED

## MIBZAR FLOORING INC

13 NOV 15 PH 1:28

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE
P1000062966 TALLAHASSEE, FLORIDA

(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:

ne must be distinguishable and contain the orp.," "Inc.," or Co.," or the designation "or duratered." "professional association," or	Corp," "Inc," or "Co". A profess	or "incorpor cional corporat	ated" or the action name must
Enter new principal office address, if application incipal office address MUST BE A STREET			
Enter new mailing address, if applicable: Mailing address <u>MAY BE A POST OFFICI</u>	<u> </u>		
			<u></u>
If amending the registered agent and/or registered agent and/or the new regist		enter the name	e of the
Name of New Registered Agent			
Name of New Registered Agent .	(Florida street address)		

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: <u>X</u> Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u> Jones</u>	
X Add	SV Sally	<u> Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	V	LEONEL S. LOPEZ	4257 GREENWOOD AVE
Add			FORT MYERS FL, 33905
Remove			
2) Change	v	BYRON M. RAMIREZ	4257 GREENWOOD AVE
Add			FORT MYERS FL, 33905
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
51 Change			
Add	<del></del>		
Remove			
6) L Change			
Add			
Remove			

	(Be specific)				
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provisions for implementing the ame	nange, reclassifica Indment if not con	tion, or cancel tained in the a	lation of issue mendment its	d shares, elf:	
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassifica Indment if not con	tion, or cancel tained in the a	lation of issue mendment its	d shares, elf:	
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f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassifica	tion, or cancel	lation of issue mendment its	d shares, elf:	

}

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u> </u>
(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 11/12/2013	
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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIdent	
(Title of person signing)	