P10000085859

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2023 SEP 19 AN 8: 33

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COVER LETTER

TO: Amendment Section
 Division of Corporations

NAME OF CORP	ORATION: GWP FLOORING	CORP			
	IBER: P10000085859				
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.			
Please return all cor	respondence concerning this ma	itter to the following:			
	WILLIAM M. STRANGE				
	Name of Contact Person				
	WS BUSINESS CENTER CO	ONSULTING INC			
Firm Company					
21782 PHILMONT CT					
Address					
	BOCA RATON, FL 33428				
		City State and Zip Cod	le		
	williamstrangep@hotmail.co	m			
	E-mail address; (to be us	sed for future annual report	notification)		
WILLIAM STRAN	OF		582-1788		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:		
S35 Filling Fee	□\$45.75 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)		
Ai Di P.0	ailing Address nendment Section vision of Corporations), Box 6327 Hahassee, FL 32314	Amend Division The Co 2415?	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 pssee, FL 32303		

Articles of Ameillament to Articles of Incorporation

ofGWP FLOORING CORP

GWP FLOORING CORP	2023 SEP 19 AM 8: 33		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P10000085859			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co" "chartered," "professional association," or the abbrevistion "P.A	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	1565 SW HUTCHINS ST		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	PORT SAINT LUCIE, FL 34983		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1565 SW HUTCHINS ST		
	PORT SAINT LUCIE, FL 34983		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	dress in Florida, enter the name of the		
třluvia s	treet address)		
New Registered Office Address:			
	(Cuy) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>1:</u> with and accept the obligations of the position.		
Signature of New 1	Registered Agent, if changing		

Check if applicable

The amendment(s) is are being filed pursuant to s. 607,0120 (11) (e), F.S.

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	PT	John Doc	
X Remove	\underline{Y}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I)Change	S	ROBINSON F. PEREZ ROJAS	623 44TH ST
Add X Remove			WEST PALM BEACH, FL 33407
2) Change	TV	SANDRA P. TRINIDAD GODOY	1565 SW HUTCHINS ST
XAdd			PORT SAINT LUCIE, FL 34983
Remove Change	S	GERCEM W. PEREZ RAMIREZ	1565 SW HUTCHINS ST WEST PALM BEACH, FL 34983
X Add			
Remove			
4) Change			
Add			
Remove			
D Change			
Add			
Remove			
O Change			
Add			
Remove			

	onal sheets, if necess	mary is a tipe specific	,			
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' <u>11 an amendi</u>	nent provides for a	<u>n exchange, reclass</u>	ification, or cance	<u>llation of issued sh</u>	ares,	
provisions t	or implementing th	<u>ie amendment if no</u>	t contained in the	amendment itself:		
(if not a	pplicable, indicate N	<i>8/</i> 4)				
						
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					-	

 $\mathcal{L}_{i} = \{\mathcal{L}_{i}, \dots, \mathcal{L}_{i}\} \cup \{\mathcal{L}_{i}, \dots, \mathcal{L}_{i}\}$

The date of each amendment(s) adop	SEPTEMBER 15, 2023	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	ono more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	c does not meet the applicable statutory filing requirements, this datment of State's records.	ite will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice	d by the shareholders. The number of votes east for the amendment(lent for approval.	8)
☐ The amendment(s) was/were approvement be separately provided for each	ed by the shareholders through voting groups. The following statems h voting group entitled to vote separately on the amendments).	ent
	the amendment(s) was/were sufficient for approval	
by	(voting group)	
SEPTEMBER Dated		
	can Percz	
selected, by	or, president or other officer - if directors or officers have not been an incorporator - if in the hands of a receiver, trustee, or other couriduciary by that fiduciary)	
GE	RCEM W. PEREZ RAMIREZ	
	(Typed or printed name of person signing)	
PRI	ESIDENT	

(Title of person signing)