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2012 MAY 30 P 4: 38
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	FLOORING INC	
DOCUMENT NUMBER: P11000004849		
The enclosed Articles of Amendment and fee are submitted fo	or filing.	
Please return all correspondence concerning this matter to the	following:	
LISA ANDRUKANIS		
Name o	of Contact Person	-
AMY SWEET FLOORIN	NG INC	
Fir	rm/ Company	-
4227 AUGUSTINE ROA	AD	_
	Address	
SPRING HILL FLORIDA		_
City/ St	tate and Zip Code	
SINKKKER337@AOL.COM		
E-mail address: (to be used for futu	ure annual report notification)	
For further information concerning this matter, please call:		
LISA ANDRUKANIS	at (631) 774-8145	
Name of Contact Person	Area Code & Daytime Telephone Numbe	r
Enclosed is a check for the following amount made payable to	the Florida Department of State:	
Certificate of Status Certificate	75 Filing Fec & S52,50 Filing Fee Gertificate 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	

Articles of Amendment to Articles of Incorporation of

AMY SWEET FLOORING IN	C		
	tly filed with the Florida Dept. of St	ate)	
P11000004849	44		
(Document Numb	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Fi its Articles of Incorporation:	lorida Statutes, this <i>Florida Profit Cor</i>	poration adopts the following	; amendment(s) to
A. If amending name, enter the new name of t	he corporation:		
	•		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	Corp," "Inc," or "Co". A profession		breviation
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable:	7 P.O.L.		
(Mailing address MAY BE A POST OFFICE	E BOX)		
	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
D. If amending the registered agent and/or res		ter the name of the	
new registered agent and/or the new register	ered office address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ent. I am familiar with and accept the	e obligations of the position.	
. Signature	of New Registered Agent, if changing	SE(`` }
	•	.AH.	<u> </u>

Page 1 of 4

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ECRETARY OF STATE

FILED

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>	<u>Name</u>	<u>Addres</u> s
1) × Change	PT	LISA ANDRUKANIS	4227 AUGUSTINE ROAD
Add Remove			SPRING HILL FL 34809
2) Change Add	vs	MICHAEL THOMPSON	4227 AUGUSTINE ROAD SPRING HILL FL 34609
Remove 3) Change Add Remove	 		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Arti	icles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
	•
	,
If an amandment provides for an evol	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ad	Soption: U3/2 1/2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su.	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated_ 5/24/2	012
Signature VO	Bus Inou
(By a di	rector, president or other officer - if directors or officers have not been
	i, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
арронц	ed fiducially by that fiducially)
	LISA ANDRUKANIS
•	(Typed or printed name of person signing)
	PRESIDENT/TREASURER
•	(Title of person signing)