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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	KEDAN WOO	D FLOOR & REMODELE	NG, INC
DOCUMENT NUMBER:	P11000030091		
The enclosed Articles of Amenda	nent and fee are su	abmitted for filing.	
Please return all correspondence of	concerning this ma	tter to the following:	
	DAI	NIEL SABELLI	
		Name of Contact Person	n
	KEDA	N WOOD FLOOR & REM	ODELING, INC
		Firm/ Company	
	5921	LEEDS LN	
		Address	
	DAV	IE, FL 33331	
		City/ State and Zip Cod	e e
	keda	nwood@gmail.com	
E-mai		sed for future annual report	notification)
For further information concerning	to this mutter inlea	co enlle	
To Ruther Information Concerns	ig tins matter, piea	se can.	
DANIEL SABELLI		786 at (295-6949
Name of Contact I	'erson	Area Code & Daytime Telephone Number	
Enclosed is a check for the follow	ring amount made	payable to the Florida Depa	artment of State:
	.75 Filing Fee & tifficate 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

KEDAN WOOD FLOOR & REMODELING, INC

FILED
2018 AUG 30 AM 11: 05

(<u>1.4411.6.4</u>	of Corporation as currently file	ed with the Florida Dept. of State).
Pl	1000030091	ed with the Florida Dept. of State)
	(Document Number of Cor	poration (if known)
suant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this <i>Flor</i>	ida Profit Corporation adopts the following amer
If amending name, enter the new na	ame of the corporation:	
N/A		The
ne must be distinguishable and con orp" "Inc.," or Co.," or the design d "chartered," "professional associa	nation "Corp," "Inc," or "Co".	"company," or "incorporated" or the abbrevio . A professional corporation name must contain
Enter new principal office address,	if applicable:	5921 LEEDS LN
incipal office address <u>MUST BE A S</u>		DAVIE, FL 33331
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		5921 LEEDS LN
		DAVIE, FL 33331
	_	
If amending the registered agent an	- ad/ar registered office address	in Florids, enter the name of the
new registered agent and/or the new		in Florida, ence the name of the
	DANIEL SABELLI	
Name of New Registered Agent		
Name of New Registered Agent	5921 LEEDS LN	
Name of New Registered Agent	5921 LEEDS LN (Florida street a	(ldress)
Name of New Registered Agent New Registered Office Address:		ddress) , Florida ³³³³¹

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>рт</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
_ <u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) X Change	P	DANIEL SABELLI	5921 LEEDS LN		
Add			DAVIE, FL 33331		
Remove					
2) Change					
Add					
Remove					
3) Change					
Add	<u> </u>				
Remove					
4) Change					
Add					
Remove			 		
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	ets, if necessary). (Be specific)
	N/A
· -	
	
-	
an amendment pro	ovides for an exchange, reclassification, or cancellation of issued shares,
rovisions for imple	menting the amendment if not contained in the amendment itself:
(if not applicable	e, indicate N/A)
	N/A

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmen afficient for approval.	t(s)
	proved by the shareholders through voting groups. The following state, reach voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated <u>08</u> Signature	27/18	
(By a select	firector president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	DANIEL SABELLI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	