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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SUPREME WOOI) FLOOR INC.	
DOCUMENT NUME	BER: P11000079437		_
	of Amendment and fee are su	binitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	EVELIO CHAVIANO		
		Name of Contact Person	1
		A-N	
	<u> </u>	Firm/ Company	
	3184 SW 26 STREET	, www. Company	
		Address	-
	MIAMI, FL 33133		
		City/ State and Zip Cod-	2
SUPI	REMEWOODFLOOR@YAH	IOO.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
EVELIO CHAVIANO	0	at (305	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SUPREME WOOD FLOOR INC.

SOFREME WOOD FLOOR INC		
(Name of Corpo	ration as currently filed with the Florid	la Dept. of State)
P11000079437		
(Do	ocument Number of Corporation (if known	1)
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corpor</i> d	ution adopts the following amendment(s) to
A. If amending name, enter the new name of the	e corporation:	
name must be distinguishable and contain the v "Corp ," "Inc,," or Co.," or the designation "Cow word "chartered," "professional association," or	orp," "Inc," or "Co". A professional c	The new incorporated" or the abbreviation corporation name must contain the
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or reginew registered agent and/or the new registered	istered office address in Florida, enter t	he name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	Florida(Zip (*ode)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: n. I am familiar with and accept the obli lignature of New Registered Agent, if char	T AUG 2

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 Doc 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: XChange	<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>	Name	<u>Addres</u> s	
1) Change	V	YOSVANY CHAVIANO	3184 SW 26 STREET	
X Add			MIAMI, FL 33133	
Remove				
2) Change	SV	YORDANY LEON	10910 SW 52 DR	
X Add			MIAMI, FL 33165	
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	,			
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change (Be specific)			
			<u>. </u>	
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<u> </u>			<u></u>	
				
				
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J- R				
f an amendment provides for an exc	hange, reclassificat	ion, or cancellatio	n of issued share	<u>S</u> ,
provisions for implementing the am (if not applicable, indicate N/A)	endment if not cont	tained in the amen	dment itself:	
(y nen approxime, maccae (sea)				

08/17/2017	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
08/17/2017	
Effective date <u>if applicable</u> : (no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by 100% (voting group)	.
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sha action was not required.	reholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareho action was not required.	lder action and shareholder
08/17/2017	
Dated	
Signature	
(By a director, president or other officer – if director	ctors or officers have not been
selected, by an incorporator - if in the hands of a	
appointed fiduciary by that fiduciary)	
EVELIO CHAVIANO	
(Typed or printed name of per	son signing)
PRESIDENT	
(Title of person si	enine)