P110000087939

(Requ	uestor's Name)	
(Addi	ress)	, <u> </u>
(bbA)	ress)	
(City/	State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations JP FLOORING INSTALLATIONS, INC N

NAME OF CORPOR	ATION:		
DOCUMENT NUMB	ER:		
	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	JACIEL PRIETO		
		Name of Contact Person	
	JP FLOORING INSTALLATIONS, INC		
		Firm/ Company	
	47 W 13TH ST # 5		
		Address	
	HIALEAH, FL 33010		
		City/ State and Zip Code	2
For further informatio	n concerning this matter, pleas	se call:	
		at () de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JP FLOORING INSTALLATIONS, INC.

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P11000087939	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida to Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	rporation:
	The new
name must be distinguishable and contain the word "con". "Inc.," or Co.," or the designation "Corp," "Inc," "chartered." "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
3. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADD</u>	RESS)
	ري. نو: د د د د د د د د د د د د د د د د د د د
	10
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	· · · · · · · · · · · · · · · · · · ·
(1714 111 11 11 11 11 11 11 11 11 11 11 11	
	00
D. If amending the registered agent and/or registere	ed office address in Florida, enter the name of the
new registered agent and/or the new registered o	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(ay, comp
New Registered Agent's Signature, if changing Regi	
hereby accept the appointment as registered agent. I	I am familiar with and accept the obligations of the position.
Signa	ture of New 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)

Add

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 Doe X Remove $\underline{\mathbf{V}}$ Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) MARCELO REYES 47 W 13 ST #5 1) ____ Change HIALEAH, FL 33010 ____ Add Remove SV MISAEL REYES 47 W 13 ST #5 2) ____ Change HIALEAH, FL 33010 ____ Add Remove 3) ____ Change Add Remove Change ____ Add ____ Remove 5) ____ Change ___ Add ____ Remove 6) ____ Change

(Attach additional sheets, if necessar,	y). (Be specific)			
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lf an amendment provides for an e	xchange, reclassific	ation, or cancellatio	n of issued shares,	
provisions for implementing the a (if not applicable, indicate N/A)	mendment if not co	intained in the amen	idment itself:	
ONE	,			
				
				4.00
····				
				_
		 .		

	07/28/2020	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
07/2 Effective date <u>if applicable</u> :	8/2020	
Effective date in applicable.	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adeaction was not required.	opted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the a ifficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
bv	<u>,</u> "	
•	(voting group)	
07/28/2020 Dated		
Signature		
(By a c	iscotor, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of ted fiduciary by that fiduciary)	
	JACIEL PRIETO	
	(Typed or printed name of person signing)	
	PT	
	(Title of person signing)	