P12000006588

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF SMIE

C.V.2115

COVER LETTER

Division of Corporations NAME OF CORPORATION: A & FFLOOPING INSTALLATION INC DOCUMENT NUMBER: P120000 6588 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sui Ma Yales Name of Contact Person Firm/ Company 6357 Brookhill cin orla vdo Fl 32810
City/ State and Zip Code For further information concerning this matter, please call: Arlindo at (407) 6903716 Area Code & Dayfime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

SECTO BIVISION		I.
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	Articles of Incorporat	tion		
() () ()	of		15 MAR	PM 3: 02
1-1 & F FLOOPING	INStallat	ion Inc		- 0.
(Name of Corporation as currently	y filed with the Florida I	Dept. of State)		
P/200000	6588			
	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida</i>	Profit Corporation add	opts the following a	amendment(s)
A. If amending name, enter the new name of the	corporation:			
\mathcal{N}/A			7	he new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the	orp," "Inc," or "Co". A	mpany," or "incorpor professional corporat	ated" or the abb	reviation
B. Enter new principal office address, if applical	ble:	4.		
(Principal office address <u>MUST BE A STREET A</u>		NA		
		<u> </u>		
	<u></u>		·	
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	BOX)			
		NIA		
		/ (/-7-		
				
D. If amending the registered agent and/or register	tered office address in F	loridg, enter the name	of the	
new registered agent and/or the new registere		Torrange Cited the harm	. Or the	
Name of New Registered Agent	_			
Name of New Registered Agent	NIA			
	/ / / / / (Floridu street addre			
	(r toriau street daare	33)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing R	egistered Agent			
I hereby accept the appointment as registered agent.		accept the obligations	of the position.	
·		_	•	
Signature of	New Registered Agent, if	changing		

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	5	Ricardo Gorzález	585 Creekwood Dr
Add			orlando, PC 32809
Remove			
2) Change	5	Arvaldo Rodniguez	5035 biscayne
Add			Rd KISSIMMEE PL 34746
Remove			PL 34746
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if nece	nal Articles, enter change(s) here essary). (Be specific)	_
With the same of t		
<u> </u>		
	A/A	
	10.1 -1	
	/	
	<u> </u>	
	an exchange, reclassification, or	
provisions for implementing t (if not applicable, indicate	the amendment if not contained in N/A)	in the amendment itself:
Arialdo R	odniquez	15 to raceiva
10° 00 0	001.1900	1s to receive ghares
D/O OF C	WPa NYS	grares

	SECULTAR A TEXA TOPE OF VISIGN OF CORE OF A FORE
The date of each amendment(s) adoption: March 5/15	
date this document was signed.	, if other than the
Effective date if applicable: Manch 5/15 (no more than 90 days after amendment fi	
(no more than 90 days after amendment fi	le date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The famust be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	n and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	i shareholder
Dated3/5/15	
Signature Dundo guinarãos	
(By a director, president of other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, trust	
appointed fiduciary by that fiduciary)	ee, or other court
Arlindo gui marae (Typed or printed name of person sign	<u> </u>
(Typed or printed name of person sign	ning)
Presidente	
(Title of person signing)	