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AUG 02 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DETAIL'S FLO	DORING & CLEANING CORP.					
DOCUMENT NUMBER: P12000006944						
The enclosed Articles of Amendment and fee are	e submitted for filing.					
Please return all correspondence concerning this	matter to the following:					
	ANTONIO D, JR NUNES					
	Name of Contact Person					
DET	DETAIL'S FLOORING & CLEANING CORP.					
	Firm/ Company					
2	2245 SW NEWPORT ISLES BLVD					
	Address					
	PORT ST LUCIE, FL 34953					
	City/ State and Zip Code					
,	ANTONIOSJR@GMAIL.COM					
E-mail address: (to b	e used for future annual report notification)					
For further information concerning this matter, p ANTONIO D, JR NUNES	lease call:at (772) 940-6844					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:					
S35 Filing Fee						
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

DETAIL'S FLOORING & CLEANING CORP.

ю

(Name of Corporation as currently)	filed with the Florida Dept. of State)	
P12000006	5944	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the fo	ollowing amendment(s
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		<u>≯</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		m G Fig.
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	s in Florida, enter the name of the	> -
new registered agent and/or the new registered office address.		
Name of New Registered Agent		
(Florida stree	address)	
New Registered Office Address:	. Florida	
	(i(y)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the po.	sition.
Signature of New Reg	gistered 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 Do	<u>oe</u>			
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	TR		Rosell Cabrera, Ricardo	928 Grand Club Place		
Add				Fort Pierce, FL 34982		
XX Remove						
2) Change						
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

If amending or adding additi (Attach additional sheets, if nea	cessary). (Be specij	ic)			
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16 1		15			
If an amendment provides for provisions for implementing	r an exchange, recia	ssilication, or ci	the amendment	ued shares,	
(if not applicable, indica	te N/4)	or comanied in	the amendment	<u>itseir.</u>	
(9 app	,				
<u></u>					.
**					
				<u> </u>	

The date of each amendment(s) adoption:	, 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 block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	ı
"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 and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
07/26/2018 Dated	
Signature / Sonia Nunla	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Sonia M. Freitas Nunes	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	