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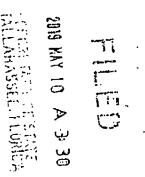
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COVER LETTER

Division of Corporations				
NAME OF CORPORATION: BIZZECL FLOORING THE DOCUMENT NUMBER: P120000 24438				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person BIZZELL FLOORING TUC Firm/ Company 4929 SW 32 ND TERRACE Address FORT LAUDERDALE FI 33.312 City/ State and Zip Code BIZZELF/OORING G AMAIC. COM E-mail address: (to be used for future annual eport notification)				
For further information concerning this matter, please call:				
OARY BIZZELL at 954 B16-4384 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Certified Copy (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

is enclosed)

Articles of Amendment

to

Articles of Incorporation

of

1 .

BIZZELL FLOORING IN (Name of Corporation as curred) P12000024438	K. FILED
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P12000024438	2019 HAY 10 A 3: 30
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corpora" (Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," o word "chartered," "professional association," or the abbreviation. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ntion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office addr	ess:
Name of New Registered Agent	NA
(Florida	street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Signature of New	w 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 De	<u>)c</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sr	nith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Address</u>		
1) Change	<u>S</u>		CHRISTOPHER FALLS	8340 NN 44C7		
Add Remove				133351-5500		
2) Change		_				
Add Remove						
3) Change		_				
Add						
Remove						
4) Change Add	_	_				
Remove						
5) Change		_				
Add				· · · · · · · · · · · · · · · · · · ·		
Remove						
6) Change	_	_				
Add						
Remove						

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)		
	·	
If an amendment provides for an exchange, reclassification, or cancellation of provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	f issued shares, ent itself;	
<i>NA</i>		·

The date of each amendment(s) adoption:		_, if other than
date this document was signed. Effective date if applicable:	5/7/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will of State's records.	not be listed as
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ar	nendment(s) was/were sufficient for approval	
by	 -	
•	(voting group)	
☐ The amendment(s) was/were adopted by t action was not required.	he board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by taction was not required.	he incorporators without shareholder action and shareholder	
Dated 5/2	12019	
* Signature	& But	
(By a director, p	resident or other officer - if directors or officers have not been	_
	ncorporator – if in the hands of a receiver, trustee, or other court lary by that fiduciary)	
G_{ℓ}	ARV BIZZELL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

the

the