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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Amend

SEP 2 () TOTAL I ALBRITTON

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: 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)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(Additional Copy is enclosed)

## Articles of Amendment

to

Articles of Incorporation

of

A.B. EURO FLOORI	NG	INC	
(Name of Corporation as currently	filed with the	Florida Dept. of State)	
P12 0000 544	14		
(Document Number of	Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>H</i> its Articles of Incorporation;	Florida Profit C	Corporation adopts the following	ig amendment(s) t
A. If amending name, enter the new name of the corporation:			
			The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered." "professional association," or the abbreviation "P.A."	ompany," or "io professional c	ncorporated" or the abbreviati corporation name must contai	on "Corp.,"
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			<u>ب</u>
			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			(D) (
firming duaress St. IT DE AT OST STETCE DOLL			
			<u></u>
D. If amending the registered agent and/or registered office addr	ess in Florida,	enter the name of the	Ç.
new registered agent and/or the new registered office address:			
Name of New Registered Agent			_
			-
	et address)		_
New Registered Office Address:		. Florida	
	City)		Coder
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept (	the obligations of the position.	
		· · · ·	_
Signature of New Re	gistered 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)

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:

<u>X</u> Change	<u>PT Jo</u>	ohn Doe	
$\underline{X}$ Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	YTS	ADRIAN BALANICA	15161 Palmer lale Cu
Add			#202
Remove	_		Naples # 34109
2) Change	2	Maria C. Contreras	
X_ Add			15161 Palmer lake Cr
Remove 3) Change			#202 Naples FL 34109
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			,
6) Change			
Add			
Remove			
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ttach additional sheets, if necessary).	(Be specific)
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n amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
ovisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
vy noi applicable, materia mat)	
у пов аррисионе, такие та)	
уу та иррасионе, тинсик (ул.)	
у по мрунскоге, такца (ул.)	
ху пот аррисаоте, таксие год)	
ху пов шрупсионе, такий (мл.)	
ху пол аррисате, тасте пла)	
ху пол шррнешоге, тасте плл)	
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The date of each amendment(s) adoption:  date this document was signed.	, if other than the
Effective date if applicable: 727200 (no more than 90 days after amendment fi	ila duto)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	shareholder action and shareholder
☐ 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 must be separately provided for each voting group entitled to vote separately on the am	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
Signature  (By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	rs have not been tee, or other court
(Typed or printed name of person signing)	ICA
(Title of person signing)	