P1200055265

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TWO BROTHERS FLOORING INSTALLATION INC DOCUMENT NUMBER: P12000055265 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SABAS MINERO Name of Contact Person					
Firm/ Company 6700 NW 1 AVE					
07001111117112	Address				
CALL AND DADICE					
OAKLAND PARK F	L 33309				
City/ S	State and Zip Code				
E wall address (so he used for fire	uma annual non art m	of fraction)			
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
SABAS MINERO <u>at (954</u>) 6617079					
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:					
Certificate of Status Certi (Add:	75 Filing Fee & fied Copy itional copy is osed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division Clifton E	ent Section of Corporations			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TWO BROTHERS INSTALLATION INC

(Name of Corporation as currently filed with the Flori	ida Dept. of State)	;
P1200005526	5	13 QC
(Document Number of Corporation (if kn	iown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the	e following amendm
A. If amending name, enter the new name of the corporation:		A O The Fac
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.A	". A professional corporation na	or the abbrevialio
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the	<u>e</u>
Name of New Registered Agent		
(Florida street	address)	
New Registered Office Address:	, Florida	
(City)	(Zip	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Registered Age	· · · · · · · · · · · · · · · · · · ·	position.

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	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	S	_	HECTOR J JARAMILLO	6700 NW 1 AVE
Add				OAKLAND PARK FL 33309
Remove				
2) Change	s	_	SEVERO GALLEGO-JUAREZ	6700 NW 1 AVE
Add				OAKLAND PARK FL 33309
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

ttach additional sheets, if necessary).	ticles, enter chang (Be specific)	ALL HELV.		
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°	.b	ation on samualla	tion of iganod ab	a Mac
f an amendment provides for an exc provisions for implementing the am	endment if not co	ation, or cancena ntained in the an	rendment itself:	<u>ai es,</u>
(if not applicable, indicate N/A)				

The date of each amendment(s) adoption: OCTUBRE 4, 2013	, if other than th
date this document was signed.	, 0
Effective date if applicable: OCTUBRE 4, 2013	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voling group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated OCTOBER 4, 2013	
Signature Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
SABAS MINERO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	