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COVER LETTER

CO: Amendment Section Division of Corporations
NAME OF CORPORATION: JOS Floring
DOCUMENT NUMBER: V12000066 77-5
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janderson Des Son has
JOS Flancins
12350 Burgess Will Cit
Jack Son ville FC
City/ State and Zip Code
JE-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
SanderSan Pas Son has at 954, 554-5879 Name of Contact Person Area Coda & Division Taluphora Number
Name of Contact Person Area Code & Daytime Telephone Number
inclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

JOS Flooring	GC N		
<u> </u>	ion as currently file	ed with the Florida Dept. of	State)
412000066775			
(Docur	ment Number of Cor	poration (if known)	
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	la Statutes, this <i>Flor</i>	ida Profit Corporation adopt	ts the following amendment(s
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc." or "Co".	A professional corporation	
B. Enter new principal office address, if applicable	e:		17
(Principal office address MUST BE A STREET ADI			E
	_	 	- 1 0 7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) Y i		5 G D
(Making address MAT DE ATOST OFFICE IN		·· ·	
	_		<u> </u>
	_	,	
D. If amending the registered agent and/or registe	red office address i	n Florida, enter the name o	of the
new registered agent and/or the new registered	office address:		
Name of New Registered Agent			
	(Florida street ac	ldress)	
N		El	• • •
New Registered Office Address;	(City		orida (Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered agent.		and accept the obligations of	the position.
	- (3)		
Sign	iature of New Regisi	ered 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> <u>Jol</u>	<u>hn Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change	$\sqrt{}$	Assiz T. Lima	3920 Losco Rd
Add			Jacksquille FL
Remove			Apt 424 3225t
2) Change	<u>5V</u>	Felipe Borbsa	Acustine Rd #1709
Remove			Jacksonville FL 3225
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

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f an amendment provides for an exchange, reclassification, or cancellation of issue	d shares,
provisions for implementing the amendment if not contained in the amendment its (if not applicable, indicate N/A)	en:

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 document's effective date on the Department of State's records.	date 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 by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east 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	der
action was not required.	
Dated	
Signature (B) a director, president or other officer – if directors or officers have not bee selected, by an incorporator if in the hands of a receiver, trustee, or other co	
appointed fiduciary by that fiduciary)	
Typed or printed name of person signing)	<u> </u>
(Typed or printed name of person signing)	
(Title of person signing)	
(Frue or person signing)	