P12000080725

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TOP QUALITY F	LOORING INC	
DOCUMENT NUMI	BER: P12000080725		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	GABRIEL SAAVEDRA		
		Name of Contact Person	1
		Firm/ Company	
	1833 SW ANGELICO LN	<u> </u>	
	PORT SAINT LUCIE, FL 3-	Address 4984	
		City/ State and Zip Cod	2
gabri	els_75@hotmail.comTO		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Gabriel Saavedra		561	255-8575
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TOP QUALITY FLOORING INC

(Name of Corporation as currently filed with the Florida Dept. of State)			
(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
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 must contain the		
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:	s in Florida, enter the name of the		
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·		
(Florida street	address)		
New Registered Office Address: (C	, Florida (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	SECRETARY ALLEARY		

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</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
_X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	Karen I. Ochoa Carranza	1833 SW Angelico Ln
XAdd				Port St. Lucie, FL 34984
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
was to the state of the state o	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Gabriel Saavedra , President , owns 50% of	Company Shares; Karen I. Ochoa Carranza, VP owns 50% of Company Shares.
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) ad-	07/19/2018 option:	, 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 bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date vartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoption was not required.	nted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	oted by the incorporators without shareholder action and shareholder	
07/19/2018 Dated	2 m muse	
selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary)	
-	Gabriel Saavedra	
	(Typed or printed name of person signing)	
	President.	
	(Title of person signing)	