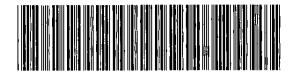
## P12000100848

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NXCV 3/501

TO: Amendment Section Division of Corporations

> Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATIO	IN: A.B. FLO	poring & Ho	ome Remodeling Corp.
DOCUMENT NUMBER: _	P12000100	1848	
The enclosed Articles of Ame	endment and fee are su	bmitted for filing.	
Please return all corresponde	nce concerning this ma	tter to the following:	
	A.B. Floor 14578 Su Miami, pfhroorpa	Name of Contact Person  Ing & Home Firm/ Company  J 113   ane  Address  Fl. 33186  City/ State and Zip Cod  Og Mail. Com  and for future annual report	Remodeling Corp
For further information conce	erning this matter, pleas	se call:	
Ange I L. Name of Cont	Bafaila act Person		
Enclosed is a check for the fo	llowing amount made	payable to the Florida Depa	artment of State:
i i \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	12\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing An Amendmen Division of P.O. Box 6	t Section Corporations	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

of

(Name of Corporation as currently filed w	vith the Flo	rida Dept. of State)	
P 120001	0084	48	
(Document Number of Corp	poration (if k	nown)	_
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	tutes, this <i>FI</i>	orida Profit Corporation adopts the following	ng amendment(s)
A. If amending name, enter the new name of the corpor  A. B. Flancina Ca			The now
name must be distinguishable and contain he word "co" "Corp.," "Inc.," or Co.," or the designation "Corp," "Income word "chartered," "professional association," or the abbre	'nc," or "Co	o". A professional corporation name must A."	contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u>ss</u> )	14578 SW 113 /ar Miami, Fl. 33186	<u>1</u> E
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		,	13 452
D. <u>If amending the registered agent and/or registered of</u>	ffice addres	s in Florida, enter the name of the	
new registered agent and/or the new registered office	e address:		
Name of New Registered Agent			
- (1	Florida street	address)	
New Registered Office Address:		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am	<mark>ed Agent:</mark> familiar wit	h and accept the obligations of the position.	
Signature of Viv. D	pointaged Lac	ent, 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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>y</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	iecessary).	les, enter change(s) here: (Be specific)
	<del></del>	
., .		
<del></del>	<u> -</u>	
	<del></del>	
It an amendment provides I provisions for implementing	for an exchai	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indic	ate N/A)	

The date of each amendment(s) a	doption: <u>2/37/13</u>
Effective date <u>if applicable</u> :	2/27/13
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved 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	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	127/13
Signature	Antall
selecte	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court eted fiduciary by that fiduciary)
	Arge/L. Bata/lan (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)