P13000021831

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
•	,	
- Cit	y/State/Zip/Phone	- +0
(Oit	y/State/Zip/Filone	· · · · · · · · · · · · · · · · · · ·
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Certified Copies	_ Centinoates	o o otatus
-		
Special Instructions to I	Filing Officer:	
		

Office Use Only



400251833084

09/20/13--01023--015 **43.75

13 SEP 20 PM 3: LS

SEP 2 6 2013 T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: CARMEN C	CUSTOM FLOO	RING INC	
	ER: P1300002183		and the state of t	
	of Amendment and fee are sul			
Please return all corres	pundence concerning this mat	ter to the following:		
	BAY CAO			
•		Name of Contact Person	1	
-		Firm/ Company		
-	7235 BUNION JACKSONVILLE FL 32222			
-	City/ State and Zip Code			
For further information	E-mail address: (to be us	sed for future annual report	notification)	
BAY CAO		_{31,} 651	214-6002	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of



CARMEN CUSTOM FLOORING INC

				70
(Name of Corporation as currently	filed with the Flori	da Dept. of State)		
P13000021831	•			
(Document Number	of Corporation (if kn	own)		
Pursuant to the provisions of section 607.1006. Flori is Articles of Incorporation:	ida Statutes, this Flo	rida Profit Corporation ado	pts the following a	imendment(s) to
A. If amending name, enter the new name of the	corporation:			
			7	he neu
name must be distinguishable and contain the w "Corp." "Inc.," or Co" or the designation "Co. word "chartered." "professional association." or th	rp." "Inc." or "Co"	🐪 A professional corporati		
B. Enter new principal office address, if applicat	ole:			
Principal office address <u>MUST BE A STREET Al</u>	DDRESS)			
	_			
	-			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	POV:			
(Matting duaress MAT BE A FOST OFFICE E	<u> </u>			
	-			
	-			
D. If amending the registered agent and/or registered new registered agent and/or the new registered.		in Florida, enter the name	of the	
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:		Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing R	legistered Agent:			
I hereby accept the appointment as registered agent		and accept the obligations	of the position.	
Signature of	New Registered Age	nt. 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 hold. 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>	John Doe	
∑ Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	Av
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Binh Tran	7235 Bunion Dr.
X Add			Sacksonville FL
Remove			3222
2) Change			
Add			
Remove			
3 1 Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

ttach <i>additiona</i>	dding additional Ar I sheets. if necessary).	(Be specific)			
		_	<u></u>		
			· · · · · · · · · · · · · · · · · · ·	 	
			<u>-</u>		
<u> </u>					
		·			
					····
	<u> </u>				
···					
					· · · · · · · · · · · · · · · · · · ·
					
				<u> </u>	
an amendmer	t provides for an exc	hange, reclassif	ication, or cance	llation of issued	shares,
rovisions for l (if not appl	mplementing the amicable, indicate NA)	endment if not c	ontained in the	amendment itsel	<u>l:</u>
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·		
,					_
		·			

The date of each amendment(s) adoption: Sopt. [O, 203] date this document was signed.	if other than the
Effective date if applicable:	
(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 east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
hy	
(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 action was not required.	
Dated	
\mathcal{A}	
Signature By a previous, president or other officer – if directors or officers have not been reflected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
BAY CAO	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	