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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ĉi	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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06/24/13--01022--018 **35.00

SECRETARY OF STATE



COVER LETTER

TO: Amendment Section

Division of Corporations						
NAME OF CORPORATION: Rilynns' Flooring and Home repair						
DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Jerany talmer Name of Contact Person Rilynn's Flooring and homerepair Firm/Company 6545 SE 25th Ct Address Ocala Fl 34480 City/State and Zip Code Jenner 139 @ CFL. RR.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Same as above at 229, 343-7429 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:						
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						

Articles of Amendment

to as of Incorporati

Articles	of Incorporation
Rikinns' Flooring	and Home repair
(Name of Corporation as currently filed with	
(Document Number of Corpora	ation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	on:
	The new
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u></u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of the
new registered agent and/or the new registered office ac	
Name of New Registered Agent	<u></u>
(Flo	rida street address)
New Registered Office Address:	, Florida
	(Lip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	
	Ac.
Signature of New Regis	stered Agent, if changing
	HAGE TA
	SA No man

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 Jisted 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 Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1) X Change	P Jeramy Palmer	
Add		Ocala F1 34480
Remove	~ · ~	· · · · · · · · · · · · · · · · · · ·
2) Change	D Jeramy Palmer	6545 SE 25th ct Ocala Fl 34480
Add		<u> CAIG TE 39980</u>
Remove 3) Change		
Add		
Remove		
4) Change		
Add	·	
Remove		
5) Change		
Add		
Remove		
6)Change	· · · · · · · · · · · · · · · · · · ·	
Add		
Remove		

If ame (Attach	ending or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
		•••
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provi	isions for implementing the amendment if not contained in the amendment itself:	
(,	if not applicable, indicate N/A)	
	——————————————————————————————————————	

The date of each amendment(s) adoption:	Line	20th	2013		
Effective date if applicable:	June	205	2013		
	no more than 90 da	ys after amendm	ent file date)		
Adoption of Amendment(s) (CHEC	CK ONE)				
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app		nber of votes cas	t for the amendment(s)		
☐ The amendment(s) was/were approved by the si must be separately provided for each voting gr					
"The number of votes cast for the amenda	nent(s) was/were su	fficient for appro	val		
by			,, ,		
(voting	g group)				
☐ The amendment(s) was/were adopted by the boat action was not required.	ard of directors with	nout shareholder	action and shareholder		
The amendment(s) was/were adopted by the incaction was not required.	corporators without	shareholder actic	on and shareholder		
Dated June 3	20th 20	13			
Signature Zuna	myta	Ine			
(By a director, preside					
appointed fiduciary by		ids of a receiver,	trustee, or other court		
	eramij	J. Palv	ne C		
(Typed or printed name of person signing)					
	President				
	(Title of person sign	ning)			