

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN OJ FLOORING & REMODELATION CORP

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Corporate Filing Menu

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C. GOLDEN

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## COVER LETTER

| TO: Amendment Secti<br>Division of Corpo |   |  |  |  |
|--|---|--|--|--|
| NAME OF CORPOR                           | OJFLOORING &                                | REMODELATION CON   | P  |  |
| DOCUMENT NUMB                            | <del></del>                                 |  |  |  |
|  | of Amendment and fee are so                 | abmitted for filing.   |  |  |
| Please return all corres                 | pondence concerning this ma                 | itter to the following:  |  |  |
| _  | OSCAR D JIMENEZ                             |  |  |  |
|  |   | Name of Contact Perso  | n  |  |
|  |   | PRESIDENT  |  |  |
| -<br>-                                   | Firm/ Company                               |  |  |  |
|  |   | 9840 STOVER WAY  |  |  |
| -  | Address                                     |  |  |  |
|  |   | WELLINGTON, FL 334   | 14   |  |
| •  | •   | City/ State and Zip Cod  | e  |  |
|  |   | INFO@HISPANUSA.CO  | M  |  |
|  | E-mail address: (to be u                    | sed for future annual report                                       | notification)  |  |
| For further information                  | concerning this matter, pleas               | se call:   |  |  |
| OSCAR D JIMENEZ                          |   | at (   | 951-1633<br>dc & Daytime Telephone Number  |  |
| Name o                                   | f Contact Person                            | Area Co  | de & Daytime Telephone Number  |  |
| Enclosed is a check for                  | the following amount made                   | payable to the Florida Depa  | ariment 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) |  |
| Mailing Address                          |   | Street Address   |  |  |
|  | ndment Section<br>tion of Corporations      | Amendment Section Division of Corporations                         |  |  |
|  | Box 6327                                    |  | on or Corporations Building  |  |
|  | hassee, FL 32314                            |  | Executive Center Circle  |  |

Tailahassee, FL 32301

511 ED

P. 003

Articles of Amendment to Articles of Incorporation of

## 2019 JUH 10 AM11: 40

| OJ FLOOR  | RING & REMODELATION COR             | P .   |                     |
|---|-------------------------------------|---|---------------------|
| (Name of Corporati  | ion as currently filed with the Fl  | orida Dept. of State)                               |                     |
|   | P13000052721                        |   |                     |
| (Docur  | nent Number of Corporation (if kr   | own)  |                     |
| Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:   | a Statutes, this Florida Profit Cor | poration adopts the follow                          | ing amendment(s) to |
| A. If amending name, enter the new name of the co   | orporation:                         |   |                     |
| OJ FLOORING & REMODELING CORP   |                                     |   | The new             |
| name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the | ," "Inc," or "Co". A profession     | or "incorporated" or the<br>nal corporation name mu | abbreviation        |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD   | <u> </u>                            |   |                     |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO   | <u></u>                             |   |                     |
| D. If amending the registered agent and/or register new registered agent and/or the new registered  |                                     | ter the name of the                                 |                     |
| Name of New Registered Agent  |                                     |   | <del></del>         |
|   | (Florida street address)            |   | _                   |
| New Registered Office Address:  |                                     | , Florida   |                     |
| •   | (City)                              | (Z.   | ip Code)            |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.  | I am familiar with and accept the   |   | ۹.                  |
| Sign  | ature of New Registered 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.

| X Change                   | PT John D    | <u>300</u>  |          |
|----------------------------|--------------|-------------|----------|
| X Remove                   | V Mike J     | ones        |          |
| X Add                      | SV Sally S   | <u>mith</u> | ,        |
| Type of Action (Check One) | <u>Title</u> | Name        | Address  |
| 1) Change                  |              |             |          |
| Add                        |              |             |          |
| Remove                     |              |             |          |
| 2) Change                  | <del></del>  |             |          |
| Add                        |              |             |          |
| Remove                     |              |             |          |
| 3) Change                  |              |             |          |
| Add                        |              |             |          |
| Remove                     |              |             |          |
| 4) Change                  |              |             |          |
| Add                        |              |             |          |
| Remove                     |              |             |          |
| 5) Change                  |              |             | <u> </u> |
| Add                        |              |             |          |
| Remove                     |              |             |          |
| Δ Chr                      |              |             |          |
| 6) Change                  |              |             |          |
| Add                        |              |             |          |
| Remove                     |              |             |          |

| mach dutimonul    | Iding additional Artic<br>sheets, if necessary). | (Be specific)       |                     |                    |             |
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| f an amendment    | provides for an exchi                            | ange reclassificati | ion or cancellation | on of icened there | _           |
| provisions for ir | plementing the amen                              | dment if not cont   | ained in the amer   | idment itself:     | Zi.         |
| (if not applic    | able, indicate N/A)                              |                     |                     |                    |             |
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| The date of each amendment(s) adoption:  | , if other than th      |
|--|-------------------------|
| 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 date wildocument's effective date on the Department of State's records.                        | Il 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(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 cast for the amendment(s) was/were sufficient for approval  |                         |
| by   |                         |
| by   |                         |
| ☐ 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.   |                         |
| Signature  (By a director, prosident or other officer – if directors or officers have not been   |                         |
| selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fidugiary by that fiduciary)   |                         |
| OSCAR D JIMENEZ  |                         |
| (Typed or printed name of person signing)  | <del></del>             |
| PRESIDENT  |                         |
| (Title of person signing)  |                         |