## P13000018605

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

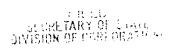
Tallahassee, FL 32314

NAME OF CORPORATION: SCARLETT'S FLOORING INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARLEN NATAREN Name of Contact Person SCARLETT'S FLOORING INC Firm/ Company 7314 HIGH BLUFF RD NORTH Address JACKSONVILLE, FL 32244 City/ State and Zip Code NATAREN1979@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARLEN NATAREN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



2016 OCT 31 AM 8: 02

CCADI	FTTC	TI.	OORING INC.	
JULIANE	. L. I. I. 3	1 1.	COMMENTAL LINE	

( <u>Name</u>	of Corporation as current	ly filed with the Florida Dept. of State)
P13000078605		
	(Document Number of	t Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7314 HIGH BLUFF RD NORTH
		JACKSONVILLE, FL 32244
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7314 HIGH BLUFF RD NORTH
		JACKSONVILLE, FL 32244
D. If amending the registered agent ar	ıd/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	MARLEN NATAREN	
	7314 HIGH BLUFF RD I	NORTH
	(Florida st	reet address)
New Registered Office Address: JACKSONVILLE		. Florida <sup>32244</sup>
		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	•
		with and accept the obligations of the position.
<i>O</i>	. 4 .	
$\mathcal{M}_{\alpha}$	ulen/lat	arv
	Signature of New I	Cegistered 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.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	v	JUAN CARLOS URBINA	7314 HIGH BLUFF RD NORTH
Add			JACKSONVILLE, FL 32244
X Remove			
2) Change	V	JUAN CARLOS NATAREN	7314 HIGH BLUFF RD NORTH
X Add			JACKSONVILLE, FL 32244
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
			<del></del>
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
I/A	
A THE STREET OF	
* * `	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	

OCTOBER 24, 2016	r li i li
The date of each amendment(s) adoption:	SI USE (ARY, if other than the
date this document was signed.  OCTOBER 24, 2016	arolar or contileate s
Effective date if applicable:	2016 OCT 3   AM 8: 02
(no more than 90 days after amendment file da	te)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ents, this date will 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 above the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
<ul> <li>■ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.</li> <li>□ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder.</li> </ul>	
action was not required.	
10/24/2016	
Signature Marlu atomu	
(By a director, president or other officer - if directors or officers have	
selected, by an incorporator — if in the hands of a receiver, trustee, o appointed fiduciary by that fiduciary)	r other court
MARLEN NATAREN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	