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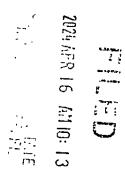
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: KC Karpet, Inc.			
DOCUMENT NUM	D120000002004			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Fozia Andarge			
		Name of Contact Person	1	
	FM Financial Services, Inc			
		Firm/ Company		
	1510 E. Colonial Dr. Ste. 210	•		
	· · · · · · · · · · · · · · · · · · ·	Address	.	
	Orlando, Fl 32803			
		City/ State and Zip Code	;	
	fozia@fmfinancial.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Keziah Craib		at (407	222-0768	
Name	of Contact Person	Area Code & Daytime Telephone Nun		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

KC Karpet, Inc	The last
(Name of Corporation	on as currently filed with the Florida Dept. of State)
2130000093904	Ail 10: 13
(Docum	nent Number of Corporation (if known)
	a Statutes, this Florida Profit Corporation adopts the following amendment(s
s Articles of Incorporation:	
a. If amending name, enter the new name of the co	ornoration
	n pot ation.
IC Karpet Plus, Inc	The new
ame must be distinguishable and contain the word "co	orporation," "company," or "incorporated" or the abbreviation "Corp.,"
'Inc.," or Co.," or the designation "Corp," "Inc.'	" or "Co". A professional corporation name must contain the word
chartered," "professional association," or the abbre	eviation "P.A."
3. Enter new principal office address, if applicable	
Principal office address <u>MUST BE A STREET ADD</u>	<u>DRESS</u>)
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	(X)
new registered agent and/or the new registered	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office address.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	
	(Zip Code)
Name of New Registered Agent New Registered Office Address:	(Florida street address), Florida(City) (Zip C
New Registered Agent's Signature, if changing Reg	pistered Agent
	Lam familiar with and accept the obligations of the position.
neredy decept the appointment as registered agent.	1 am jammar with and accept the congustions of the position.
Cinn	ature of New Registered Agent, if changing
Signo	utare of them Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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)

Example:

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 Doc	
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		<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	adding addition: al sheets, if neces.	sary). (Be spec	ific)			
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<u></u>			· · · · · · · · · · · · · · · · · · ·			
•						
<u>an amendmen</u>	it provides for a	n exchange, recl	assification, or ca	ncellation of issue the amendment its	d shares,	
if not appli	icable, indicate N	v/A)	nor contained in	me amenument its	<u>en:</u>	
		•				
						

The date of each amendment(s) addate this document was signed.	loption:	, if other than th
uate this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholde	τ action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendation flicient for approval.	ment(s)
	roved by the shareholders through voting groups. The following steach 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)	
Dated	nail	
selected	rector, president or other officer – if directors or officers have not it, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	Keziah Craib	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·