P1300001594

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



100259092421

04/24/14--01018--010 **43.75

FILED

4 AFR 24 AF 0: 52

BURL PROCESSEE FLORIDA

٠.

MAY 02 2014 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JDSR FLOO BER: P13000101594	ORING CORP		
	of Amendment and fee are sub			
	spondence concerning this mat			
	ELVIN D RIVERA			
		Name of Contact Person		
	JDSR FLOORING		•	
	·	Firm/ Company		
	14127 COLONIAI	• •	•	
		Address		
	ORLANDO, FL 32			
		City/ State and Zip Code		
	L EX 4000 O O MAIL	0014		
VA	LEX1303@GMAIL			
	E-mail address: (to be us	ed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	e call:		
			5004000	
ELVIN D RIV	'ERA	at (<u>40</u> 7	5804668	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
Ma	iling Address	<u>St</u> reet	Address	
Am	endment Section	Amend	ment Section	
	ision of Corporations		on of Corporations	
	. Box 6327		Building executive Center Circle	
I all	ahassee, FL 32314	2001 E	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

	F	IL	ΞŊ		
14	AFR	24	; y	<i>6: 52</i>	
Sin	12 /2	<u> </u>	***** ** :- :	o. 52 ATE RIDA	,
******	4:17:2	SEE,	FĽ	RIDA	

JDSR FLOORING CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

D_1	2	\sim	\cap	Λ.	10	4	594	4
P^{γ}	.1	U	U	()	ш	Ш	⊃ 94	4

(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association." or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar we significantly accept the appointment as registered agent.	

Signature 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.

Example: X Change	<u>PT</u>	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>	<u>Addres</u> s
1) Change	S	JOSE RIVERA RODRIGUEZ	14127 COLONIAL SPRING
✓ Add			WAY
Remove			ORLANDO, FL 32826
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		· ————————————————————————————————————	
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
•	
	-
	
	 -
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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"	
(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 4/17/2014	
Signature & A	
(By a director, president 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 fiduciary by that fiduciary)	
ELVIN D RIVERA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	