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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DRINI LAMKO FI	LOORING INC		
DOCUMENT NUMB	ER: P14000003351			
	of Amendment and fee are sub	omitted for filing.		
Please return all corresp	condence concerning this mat	ter to the following:		
	MIRANDA MARLECI			
-		Name of Contact Person		
	MIRANDA MARLECI CPA PA			
-		Firm/ Company		
	600 BYPASS DR, STE 116			
-		Address		
	CLEARWATER, FL 33764			
-		City/ State and Zip Code	:	
	MM@MMARLECICPA.COM			
-	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	se call: at (⁷²⁷	216-3376	
Name o	f Contact Person	at (_) 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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi: P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

Articles of Amendment to Articles of Incorporation of

	Articles of Amendment	_
	to	
	Articles of Incorporation of	Pro an
DRINI LAMKO FLOORING INC	v.	
(Name of Cor	poration as currently filed with the	Florida Dept. of State)
P14000003351		(A. 3)
	(Document Number of Corporation (i	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit C	Corporation adopts the following angendment(s) to
A. If amending name, enter the new name of	f the corporation:	
···-		The new
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A professional o	ncorporated" or the abbreviation "Corp.," corporation name must contain the word
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFFI		
D. If amending the registered agent and/or new registered agent and/or the new regi		enter the name of the
Name of New Registered Agent		
Name of New Registered Agent		
<u></u>	(Florida street address)	
	(1 torida sireet address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a	ng Registered Agent: igent. I am familiar with and accept	the obligations of the position.
	Charles AM Day Co.	· · · · · · · · · · · · · · · · · · ·
	Signature of New Registered Agent	, ij cnanging
Check if applicable		

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

Please note the officer/director title by the first letter of the office title:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C \neq Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 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	VP. S	RAMADAN FEJZULLAHU	7839 ADEN LOOP
Add			NEW PORT RICHEY, FL 34655
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Re specific)
Attach daditional sheets, if necessary).	(be specific)
	
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)	
	

. . . .

The date of each amendment(s) a	doption:	, if other than the
date 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 be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder a	ction and shareholder
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendme officient for approval.	nt(s)
• •	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	E 2021 OCT SECRETA FALLAHA
by	(voting group)	£70 C
	(voting group)	25 SSE SSE
Dated 10	2-08-2021	PH (PF SI EFFLO
Signature	frector, president or other officer – if directors or officers have not bee	6: 10 TATE
	d, by an incorporator – if in the hands of a receiver, trustee, or other co	
	ted fiduciary by that fiduciary)	
	DRINI LAMKO	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)