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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: All Star Flooring,	Inc.	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are so	ubmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Abraham Levy		
•	<del></del>	Name of Contact Person	n
	All Star Flooring of Florida,	Inc.	
-		Firm/ Company	
	8709 SW 132 Street		
·		Address	
	Miami, FL 33176		
		City/ State and Zip Cod	e
abesfl	ooring@aol.com		
	* •	sed for future annual report	notification)
or further information	concerning this matter. pleas	se call:	
Abraham Levy		at ( <u>305</u>	790-3121
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

15 SEP -1 PH 3: 44

( <u>Name</u> ) All Star Flooring of Florida, Inc. P14000		IALL AHASSEE, FLOWDA	
	(Document Number of	of 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	
A. If amending name, enter the new n	ame of the corporation:		
N/A		The new	
	nation "Corp," "Inc." or	on." "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P,A,"	
B. Enter new principal office address, if applicable:		8709 SW 132 STREET	
(Principal office address <u>MUST BE A S</u>		MIAMI, FL 33176	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8709 SW 132 STREET	
		MIAMI, FL 33176	
D. If amending the registered agent ar			
	new registered office address:  Abraham Levy		
Name of New Registered Agent	8709 SW 132 STREET N		
		reet address)	
New Registered Office Address:	8709 SW 132 STREET I	MIAMI Florida 33176	
New Registered Office Address.		(City) (Zip Code)	
New Registered Agent's Signature, if c hereby accept the appointment as regis		t: with and accept the obligations of the position.	
weres, assept the appointment as region	a and a second	Congulation by the position.	
	abraham	- Levy	
<del></del>	Signature of New 1	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	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	P	Ron Sorkin	12290 SW 151 ST
Add			UNIT# 190
X Remove			MIAMI, FL 33186
2) Change	S	Carey Sorkin	12290 SW 151 ST
Add			UNIT# 190
X			MIAMI, FL 33186
3)Change	P	Abraham Levy	
X Add			8709 SW 132 STREET
Remove			MIAMI, FL 33176
4) Change	S	Elaine Levy	
X Add			8709 SW 132 STREET
Remove			MIAMI, FL 33176
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

(Attach additional sheets. if necessary).	ticles, enter change(s) here: (Be specific)			
N/A				
				-
		<u></u>	-	
		st		
	,			
				<u> </u>
7. If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cendment if not contained in	ancellation of issue the amendment it	ed shares, self:	
PLEASE SEE TRANSFER OF OWNERS	SHIP AND AMENDMENT I	DOCUMENTS ENC	CLOSED.	
ELIGE SEE TRANSPER OF OWNERS				
ELASE SEIS TRANSPER OF OWNER				
LEASE SEIS TRANSPER OF OWNER				
LEASE SEIS TRANSPER OF OWNERS				
ELASE SEIS TATASTER OF OWNERS				

•	08/23/2015	
The date of each amendment(s) adoptic	on:	, if other than the
date this document was signed.		
09/01/201	5	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, thent of State's records.	his date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendr nt for approval.	nent(s)
	I by the shareholders through voting groups. The following st voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	by the board of directors without shareholder action and share	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and sharehold	ler
Dated 9	12015	
Signature	braham Levy tels.	
	r, president or other officer – if directors or officers have not	
	an incorporator – if in the hands of a receiver, trustee, or other	r court
appointed fic	fuciary by that fiduciary)	
	ABRAHAY LE U / (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	<del>, , , , , , , , , , , , , , , , , , , </del>
	Printer	
	(Title of person signing)	
	ζ =	