## 1400001115

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C. LEWIS
FEB 1 9 2014
EXAMINER

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: The Third Flooring DOCUMENT NUMBER: P14000011115 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nicole Gjeloshi Name of Contact Person The Third Flooring Firm/ Company 601 Antilla Avenue Address Altamonte Springs, Florida 32714 City/ State and Zip Code thethirdflooring@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 321 356-8487 Nicole Gieloshi Name of Contact Person Area Code & 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 & □\$43.75 Filing Fee & □\$52.50 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

Tallahassee, FL 32314

APPROVED AND FILED

## Articles of Amendment to Articles of Incorporation of

14 FEB 18 PH 5: 04

SECRETARY OF STATE

The Third Flooring Inc	TALL AHASSEE FLORIDA
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
P14000011115	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flats</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	. 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 "P	" "company," or "incorporated" or the abbreviation  ". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	. 1
Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(mailing dauress MAT BE A TOST OFFICE BOA)	NA
	<u> </u>
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent N/A	
(Florida street	address)
New Registered Office Address	Florida
New Registered Office Address: N/A (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with	h and accent the obligations of the position
Signature of New Registered Age	ant if shanging
Signature of New Registered Ago	эн, и спинуту

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)	Title	Name	<u>Addres</u> s		
1) Change	VP	Oscar Alarcon	601 Antilla Avenue		
Add			Alamonte Springs, Florida		
Remove			32714		
2) Change		_	_		
Add					
Remove					
3) Change		_	_		
Add					
Remove					
4) Change					
Add					
Remove					
5) Change	<del></del>	_			
Add					
Remove					
<del></del>					
6) Change					
Add			<del> </del>		
Remove					

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	N/A
<del> </del>	
	, , , , , , , , , , , , , , , , , , ,
·	
f an amondment nyovides for an ovel	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)	
<u>'</u>	
<u> </u>	/A
•	1



The date of each amendmen	t(s) adoption: 02-13-2014	14 FEB 18 PM 5: 04	, if other than the
date this document was signed	02-13-2014	SECRETARY OF STATE VALUABASSEE, PLORIDA on 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
	re adopted by the shareholders. cere sufficient for approval.	The number of votes cast for the amendment(s)	
		through voting groups. The following statement to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/	were sufficient for approval	
by	(voting group)		
The amendment(s) was/we action was not required.	re adopted by the board of direct	ors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators v	without shareholder action and shareholder	
Dated_02-1	13-2014		
Signature	Murale Gulest	officer – if directors or officers have not been	
Se		the hands of a receiver, trustee, or other court	
	Nicole Gjeloshi		
	(Typed o	or printed name of person signing)	<del></del>
		(Title of person signing)	<del></del>