P14000027559

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C. CARROTHERS

COVER LETTER -

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION:	Flooring Inc.		
DOCUMENT NUMBER: P14000	0027559		
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
	Jose Avila Name of Contact Person Josan Flooring Inc. Firm/ Company		
2110 Marble Ln.			
	Address Laueland, FL 33809 City/ State and Zip Code		
E-mail address: (to be us	. bartow O gmail. com sed for future annual report notification)		
For further information concerning this matter, pleas	se call:		
Jose Avila Name of Contact Person	at (803) 583-2354 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made			
\$35 Filing Fee \$\times \text{\$43.75 Filing Fee & Certificate of Status}	□\$43.75 Filing Fee & □\$52.50 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 Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

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	of		t tree new List	
Josan Floo	oring Inc	. 14.	JUL 28 AM II: I	9
(Name of Corporation as current	ly filed with the Flor			_
P140000	27559		e laster et mai	4.,
	er of Corporation (if k	nown)	<u> </u>	-4-
Pursuant to the provisions of section 607.1006, Flo	orida Statutes, this <i>Fla</i>	orida Profit Corporat	ion adopts the follow	ing amendment(s) to
its Articles of Incorporation:				
A. If amending name, enter the new name of the	e corporation:			
Alu				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co	". A professional co		
B. Enter new principal office address, if applic	ahle•	4 10		
(Principal office address MUST BE A STREET)	ADDRESS)			
		***************************************		_
				
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE</u>	BOX)	N/A		_
				
		t. Elizable a secolo	P 4 b -	
D. If amending the registered agent and/or reg new registered agent and/or the new register		<u>s in Florida, enter th</u>	e name of the	
new registered agent and/or the new registe	,			
Name of New Registered Agent	NIA			
	(Florida street	address)		
	NA.			
New Registered Office Address:	(City)	, Fl	orida	_
	(City)		(Zifi Code)	
	D			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent:	h and accent the oblic	rations of the position	
	1		same by the position	
	NA. of New Registered Age			
Signature o	of New Registered Age	ent, 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: <u>X</u> 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>	<u>Addres</u> s
1) Change		Erik Fernandez	1725 Gib Galloway Ld#16
X Add			Lakeland, FL 33810
Remove			
2) Change			
Add			
Remove			
3) Change			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ng additional Articles, enter change(s) here: eets, if necessary). (Be specific)
FEIN:	46-5169310
 	
· · · · · · · · · · · · · · · · · · ·	
If an amandment on	ovides for an exchange, reclassification, or cancellation of issued shares,
provisions for impl	lementing the amendment if not contained in the amendment itself:
(if not applicabl	le, indicate N/A)
	NA

The date of each amendment(s) adoption: 7/22/14 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ 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)	
(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	
Signature Vose M. Anila	
(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)	
Jose M. Avila	
(Typed or printed name of person signing)	
President	
(Title of person signing)	