(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PRESTIGE DOCUMENT NUMBER: P1400004091		ALLATIONS INC	
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
BRADY J DIAZ			
	Name of Contact Person	n	
PRESTIGE FLO	OR INSTALLATI	ONS INC	
	Firm/ Company		
6454 RED PINE LANE APT A			
	Address		
GREENACRES,	FL 33415		
	City/ State and Zip Cod	e	
DAVID19.SH@GMA	II COM		
	sed for future annual report	notification)	
For further information concerning this matter, please		702 2502	
	at (561	702-2503	
Name of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Depa	artment 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	Street	Address	
Amendment Section	Amend	lment Section	
Division of Cornorations	Divisio	on of Cornorations	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

PRESTIGE FLOOR INSTALLATIONS INC.

P1400040912	orida Dept. of State	
(Document Number of Corporation (if	`known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Gword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must	_The new abbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		14 HAY 19
D. If amending the registered agent and/or registered office address:		
Name of New Registered Agent		
(Florida stre	eet address)	
New Registered Office Address: (City)	, Florida (Zip Code)	-
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	
Signature of New Registered A	gent, 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.

		<u>a</u>	John Do	<u>PT</u>	X Change
		<u>1es</u>	Mike Jos	<u>V</u>	X Remove
		i <u>th</u>	Sally Sm	<u>sv</u>	X Add
	Address	<u>Name</u>		<u>Title</u>	Type of Action (Check One)
۱E	6454 RED PINE LAN	SAMI HERNANDEZ		VP	1) Change
	APT A				Add
33415	GREENACRES, FL 3				Remove
					2) Change
					Add
					Remove
					3) Change
					Add
					Remove
					4) Change
					Add
					Remove
					5) Change
					<u> </u>
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			-		 1
					Add Remove 3) Change Add Remove 4) Change Add Remove 5) Change Add Add Add Add Add Add

	(Be specific)
	
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<u>provisions for implementing the amer</u>	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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The date of each amendment date this document was signed	t(s) adoption: 05/16/2014	, if other than the
Effective date if applicable:		
in applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	33	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_05/1	16/2014	
	y adirector, president or other officer - if directors or officers have not been	_
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	BRADY J DIAZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	