P140000011995

(Re	equestor's Name)	· · ·	
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COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: BRAVO GENDOCUMENT NUMBER: P140000779	IERAL SERVICE	S CORP
DOCUMENT NUMBER: 1 140000773	700	<u> </u>
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
MICHELLY PA	SSOS	
CAMPANA GR	Name of Contact Person OUPS INC.	
9260 SW 61ST	Firm/ Company WAY # C	
BOCA RATON	Address , FLORIDA - City/ State and Zip Code	
E-mail address: (to be use For further information concerning this matter, please	IPANAGROU ed for future annual report	PS.COM
MICHELLY PASSOS		367_1050
Name of Contact Person	at (104	367-1050 de & Daytime Telephone Number
Enclosed is a check for the following amount made p		,
■ \$35 Filing Fee	□S43.75 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 Articles of Incorporation

P14000077995	<u></u> ,	
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following ame	endment(s) to
A. If amending name, enter the new name of the corporation: BRAVO FLOOR SPECIALISTS CO)RP _{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 "F	," "company," or "incorporated" or the abbrev Co". A professional corporation name must conta	riation
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)		2-72 BBC
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ess in Florida, enter the name of the	<i>(</i> 2)
Name of New Registered Agent		
(Florida stree	et 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 with the second se	ith and accept the obligations of the position.	
Signature of New Registered As	cant if changing	

Signature of New 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		- <u>-</u>		
Add				
Remove				
6) Change				
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	(Attach add	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself:			
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(if not applicable, indicate N/A)	provisior	adment provides for an exchange, reclassification, or cancellation of issued shares, is for implementing the amendment if not contained in the amendment itself:	
	(if no	t applicable, indicate N/A)	

date this document was signed.		, ii other than th
Effective date <u>if applicable</u> :		
()	no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for appr	reholders. The number of votes cast for the amendment(s) roval.	
	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendm	nent(s) was/were sufficient for approval	•
by(voting	group)	
The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incaction was not required.	orporators without shareholder action and shareholder	
Dated_10/19/2014		
	nt or other officer – if directors or officers have not been prator – if in the hands of a receiver, trustee, or other court of that fiduciary)	_
ORLANDO	F. BRAVO	
	(Typed or printed name of person signing)	-
PRESIDEN		_
	(Title of person signing)	