P1400095390

(Requ	uestor's Name)	
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THE VIEW COUNTY BY THE COUNTY BY THE PROPERTY OF SEASONS.

NIC 31 JUL

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Dedicated Flooring	ng Professionals, INC.	
DOCUMENT NUME	ER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	Brandi Owens		
		Name of Contact Person	L
	Dedicated Flooring Profess	sionals, INC.	
		Firm/ Company	
	1411 Independence Ave		
		Address	
	Deltona, FL 32725		
		City/ State and Zip Code	
dedic	atedflooringprofessionals@	gmail.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Brandi Owens		386	3204304
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment 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)
Ame Divi P.O.	ling Address Indment Section Is on of Corporations Box 6327 Industrial Box 63214	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



Dedicated Flooring Professionals, INC.

15 AUG 27 PM 12: 49

(Name	of Corporation as current	ly filed with the Florida	Dept. of State)
P14000095390			
	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporati	on adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	'Co". A professional co.	corporated" or the abbreviation
D. Enter new principal office address	if applicable.	N/A	
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appli	icable:	N/A	
(Mailing address MAY BE A POST		17/4	
		·····	
D. If amending the registered agent an new registered agent and/or the new			e name of the
-	N/A	<u></u>	
Name of New Registered Agent			
	N/A		
	(Florida st	reet address)	
New Registered Office Address:		(0)	, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	:	
hereby accept the appointment as regist			ations of the position.
	Signature of Man	Registered Agent if chang	

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.

X Change	PT J	John Doe	
X Remove	<u>v</u> <u>1</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	D	Aaron Streight	1438 Gaynor Ct.
Add			Deltona, FL 32725
X Remove			
2) Change	<u>D</u>	Justin Pardo	2991 Portsmouth St.
X Add			Deltona, FL 32738
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A		
F. If an amendment provides for an exchange, reclassification	or cancellation of issued shares,	
provisions for implementing the amendment if not contain (if not applicable, indicate N/A)	ed in the amendment itself:	
N/A		
· · · · · · · · · · · · · · · · · · ·		

	8/24/2015
The date of each amendment(s	
date this document was signed.	ระยากหัวได้กระบาท DIVISIER OF Commissions
Effective date if applicable:	DIVISIEN OF CUTHURALIERS
Enterive date it appreciatie.	(no more than 90 days after amendment file dates AUG 27 PM 12: 50
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as th Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
•	(voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
08/24/	5
Dated Signature	Banck Owens
(By	a director, president or other officer - if directors or officers have not been
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	Brandi Owens
	(Typed or printed name of person signing)
	President
	(Title of person signing)