## P1400099514

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R. WHITE 10V 1 7 2017 17 NOV 16 PH 2: 58

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MASS FLOORING P14000099514 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LALIT GIDWANI MASS FLOORING

Firm/ Company

12121 SW 114<sup>th</sup> PLACE

Address

MIAMI, FL 33176

City/ State and Zip Code info o oplerflooring. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAUT GDWANI at (954) 295-1986

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: \$52.50 Filing Fee □\$43.75 Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing 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

## Articles of Amendment to Articles of Incorporation

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to

		ration	C ~	PH 2:58
	of			At Your
MASS			COMPORTAL PROPERTY	
· - · · · · · · · · · · · · · · · · · ·			e Florida Dept. of State	)
PI	40000999	14		
(Doc	ument Number of Co	poration (i	f known)	
rsuant to the provisions of section 607.1006. Flor Articles of Incorporation:	ida Statutes, this Flor	ida Profit	Corporation adopts the fo	ollowing amendmen
If amending name, enter the new name of the	corporation:			
				The new
me must be distinguishable and contain the word corp., ""Inc.," or Co.," or the designation "Coord "chartered," "professional association," or the best series of the contact of the conta	orp," "Inc," or "Co" he abbreviation "P.A. <u>ble:</u>	. A profes	" or "incorporated" of exsional corporation name	the abbreviation e must contain the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  If amending the registered agent and/or registered.	-	in Florida	N/A	
new registered agent and/or the new register	ed office address:			
		SIDWI	m1	
1.	9280 SW	62	Street	
			<u> </u>	
	(Florida street d	iddress)		<del></del>
	(Horida street d em hroke	iddress)		 33332_

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 = ChiefExecutive 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	Doe	
<u>X</u> Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>: Smith</u>	
Type of Action	Title	Name	<u>Addres</u> s
(Check One)  1) Change	<u>P</u>	YOGITA GIOWANI	19280 SW 62 Street Pembroke Pines, FL 33332
Add			Pembroke rines, PC 33332
Remove			
2) Change Add	<u>_P_</u>	LALIT GIDWANI	19280 SW 62 Street Pembroke Pines, FL 33832
Remove			
3 + Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional sheets, if n	weessary). (Be	specific)	A		•	
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f an amendment provide provisions for implemen	s for an exchang	ge, reclassificati	on, or cancellation on the amer	<u>n or issued sna</u> idment itself:	185,	
(if not applicable, inc	licate N/A)	/				
(ij not appreta in in		11/4				
		<del></del>			<u>.</u>	_
		<del></del>				
			<del></del>		-	

The date of each amendment(s) adoption:	, if other than the
•	
Effective date if applicable: OCTOBER 01, 2017  (no more than 90 days after amendment file date)	,
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this da document's effective date on the Department of State's records.	te will not be listed as the
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.	i)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes east 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 shareholde action was not required.	r.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	
11/05/2017	
Dated 11 0 5 20 17	
Signature Character is House of the State of	
(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 cour	
	t
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
CURRENT OFACER- PRESI	DENT
(Title of person signing)	