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And

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R. \

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: MENORUM FLOORING INC	
DOCUMENT NUMBER: 015000023185	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ERIYA CANTERO	
Name of Contact Person EFE GOOGLO SERVOSILL	()
PD BDX 2012	
INDIOUSTOCK, GA-BUISY	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ERIKU CANTERU 11, 678, 643-0714	_
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:	
\$35 Filing Fee	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301 Street Address Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32301	

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Articles of Amen	dment	
to Articles of Incorp	oration	** n
of Of	. ~	"!!:/·p
Menoran Flooring	1N6.	, , , , , , , , , , , , , , , , , , ,
(Name of Corporation as currently fil	ed with the Florida Dept.	. of State)
P1500002318	2	
(Document Number of Co	rporation (11 known)	Į.
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation ad	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	. A professional corpora	rated" or the abbreviation tion name must contain the
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
-	 -	
_	<u></u>	
		}
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Maning and CS MAT DE ATOST OTT TOD BOTE)		
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		1
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D. If amending the registered agent and/or registered office address	in Florida, enter the nam	e of the
new registered agent and/or the new registered office address:		1
Name of New Registered Agent		į
There of the highwest high		
		-
(Florida street a	adress)	,
New Registered Office Address:		Florida (Zip Code)
(Cit		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar with	and accept the obligations	of the position.
		!
Signature of New Regis	tered Agent, if changing	<i>'</i>

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.

Mike Jones, V as Remove	e, and Sal	ly Smith, SV as an Add.	•
Example: X Change	<u>PT</u>	John Doe	I
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	<u>S</u>	JORGE F Rodfge	ez 10503/Willow Tree C
Add		,	Mitton FL 323 10
Kemove			
2) Change	<u>S</u>	Wagner M. Diverell	USUS WILLOWTER CF
Add Add			MIHON X L 245 110
Remove			1
3) Change			
Add			
Remove			
4) Change	·	_	
Add			1
Remove			
5) Change	_		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here:	I
(Attach additional sheets, if necessary). (Be specific)	
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f 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)	
	- 1 - ,
	<u> </u>
	
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	1

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	if other than the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	 c 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.)
☐ 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 cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 27 2017	
Signature (1)	
(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)	
Rabi Diveises	
(Typed or printed name of person signing)	
PRESIDENT	1

(Title of person signing)