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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Carpet & flooring	solution INC	· .					
DOCUMENT NUMBER:								
The enclosed Articles of Amendment and fee are submitted for filing.								
Please return all corre	spondence concerning this ma	tter to the following:						
	Lizy Miranda							
	Name of Contact Person							
	Carpet & flooring solution INC							
	Firm/ Company							
	1256 NW 79th Street Apt 303							
	Address							
	Miami, FL 33147							
		City/ State and Zip Code						
Lizy	cole.1@gmail.com							
 	E-mail address: (to be us	sed for future annual report	notification)					
For further informatio	n concerning this matter, pleas	se call:						
Lizy Miranda		at (⁷⁸⁶	531-6471					
Name	of Contact Person	Area Co	de & Daytime Telephone Number					
Enclosed is a check for	or 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)					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						

Articles of Amendment to Articles of Incorporation of

FILED

	福見 間は ブルート 日野 つ・
(Name of Corporation as currently filed with	2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2
	SECRETARY OF STA
(Document Number of Corporation	(if known)
arsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Proj</i> Articles of Incorporation:	
. If amending name, enter the new name of the corporation:	
	The new
came must be distinguishable and contain the word "corporation," "compared Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A proport of "chartered," "professional association," or the abbreviation "P.A."	ny," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address in Flori	da, enter the name of the
. If amending the registered agent and/or registered office address in Florid new registered agent and/or the new registered office address:	da, enter the name of the
	da, enter the name of the
new registered agent and/or the new registered office address:	da, enter the name of the
new registered agent and/or the new registered office address:	da, enter the name of the
Name of New Registered Agent	da, enter the name of the

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>xe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Saily Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
i) Change	V		Youse Paez	1928 NW 20th Ave
X Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Damova				

Samending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
· ·		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
11/15/15 Dated		
Signature	diay Ml	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	Lizy Miranda	
	(Typed or printed name of person signing)	
	Owner / President	
	(Title of person signing)	