P150000 41460

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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: FRANCE FLOORING INC				
DOCUMENT NUMBER: P15 0000	41460			
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
FRANCI LANY	Name of Contact Person			
	Name of Contact Person			
FRANCE FL	OORING INC			
<u> </u>	Firm/ Company ICE TON ST. Address			
110/5 80:	ICTTON ST			
	Address			
	VERS, FL 33961 City/ State and Zip Code			
	City/ State and Zip Code			
FRANCIGRIM	ALNIA ANI COM			
E-mail address: (to be us	Sed for future annual report notification)			
	,			
For further information concerning this matter, pleas	se call:			
PRANCILANY G. DA SILVA	at (239) 247 - 6729 Area Code & Daytime Telephone Number			
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:			
4	· · · · · · · · · · · · · · · · · · ·			
\$35 Filing Fee \$\Bigsim \$43.75 Filing Fee &	□\$43.75 Filing Fee & □\$52.50 Filing Fee			
Certificate of Status	Certified Copy Certificate of Status			
	(Additional copy is Certified Copy			
	enclosed) (Additional Copy			
	is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				
i attanassee, FL 32314	Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DAING INC		
(Name of Corp	oration as currently	filed with the Florida Dept. of State	
	0041460		
. ([Ocument Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, this F	Ilorida Profit Corporation adopts the f	ollowing amendment(s)
A. If amending name, enter the new name of	the corporation:		
			T/
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "C	o". A professional corporation name	
B. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)		
		 	
). If amending the registered agent and/or re		ss in Florida, enter the name of the	EA of
new registered agent and/or the new regist	erea office address:		
Name of New Registered Agent			<u> </u>
	(Florida stree	et address)	내는 물 급
New Registered Office Address:		, Florida	<u> </u>
	(0	City)	Code

	.		
New Registered Agent's Signature, if changing hereby accept the appointment as registered ag		th and accept the obligations of the po	sition.
, , , , , , , , , , , , , , , , , , , ,		and the second s	
	Signature of New Re	gistered 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	_5	EDWIN MORARES	·
X_ Add			FT. MYERS, FL 339!
Remove			
2) Change			
Add			
Remove			
3) Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	. (Be specific)
	•
f an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: date this document was signed.	12/14/2015	, if other than the
date this document was signed.	10/11/15 15	
Effective date if applicable:	12/14/2015	
	(no more than 90 days after amendment file date)	}
Note: If the date inserted in this block does not document's effective date on the Department of S		s, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	nareholders. The number of votes cast for the amorproval.	endment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting g	shareholders through voting groups. The following croup entitled to vote separately on the amendment	
"The number of votes cast for the amend	ment(s) was/were sufficient for approval	
by	,,,	
(votin	ng group)	
☐ The amendment(s) was/were adopted by the beaction was not required.	pard of directors without shareholder action and si	hareholder
☐ The amendment(s) was/were adopted by the in action was not required.	corporators without shareholder action and shareh	nolder
Dated 12/14/20 Signature Flawla	1 Cimaly da Sil	lu.
	ent of other officer – if directors or officers have a porator – if in the hands of a receiver, trustee, or copy that fiduciary)	
	RANCILANY GRIMALDI DA 'yped or printed name of person signing)	SILVA
(1)	yped of printed name of person signing)	
	P	
	(Title of person signing)	