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PICK-UP	☐ WAIT	MAIL
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FALLANIASSEE, FLORIDA

AUG 13 2019 S. YOUNG

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Family Traditions Flooring, Incoment number: P15000052276
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Edward P Watson III Name of Contact Person Family Traditions Flooring, Inc., Firm/ Company 602 Johnson Dr. Address Ormand Bch. FL 32174 City/ State and Zip Code Senewatson @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edward P Watson III at (386) 315-7531 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:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Fomily Traditions Floor	ing, Inc.	
(Name of Corporation as currently fil	ed with the Florida Dept. of State)	
P15000052276		
(Document Number of Co.	rporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the following amend	dment(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 corporation name must contain	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SE 2	<u> </u>
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- -	(χν. της) της: α πης:	
D. Ifdiabaintened agent and/or registered office address	in Florida ontor the name of the	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the	<u>-</u> -
Name of New Registered Agent		1
(Florida street a	uddress)	
New Registered Office Address:	, Florida	
(Cit	y) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.	
Signature of New Regis	stered 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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>vP</u>	Dustin Martz	602 Johnson Di
Add			Ormand Bch.
Remove			FL 32174
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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If an am	endment pr	ovides for an e	change, reclas	sification, or c	ancellation of iss	ued shares,	
provisio	ons for impl	ementing the a le, indicate N/A	mendment if no	t contained in	the amendment	itself:	
				Carm	Flund	P. Watson	111
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	, if other than the
Effective date if applicable: (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 dat 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.	;)
☐ 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):	ent
"The number of votes cast 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.	:T
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated8 - / - / 9	
Signature Edurald P. Watson III	
(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 appointed fiduciary by that fiduciary)	t
appointed indictary by that indictary)	
Edward P. Watson ILL	
(Typed or printed name of person signing)	
President	
(Title of person signing)	