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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ABOVE & BEY	OND FLOORS, INC.	
DOCUMENT NUMBER: P15000057029		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
LIZABETH L. CUENYA		
	Name of Contact Person	1
ABOVE & BEYOND FLO	OORS, INC.	
	Firm/ Company	
1791 TRADE CENTER W	/AY SUITE A	
	Address	
NAPLES, FLORIDA 3410)9	
•	City/ State and Zip Code	2
ZCEM.2006@HOTMAIL.COM		V
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, pl		
LIZABETH L. CUENYA	at (825-9344
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Depa	irtment of State:
\$35 Filing Fee \$\ Certificate of Status	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	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

ABOVE & BEYOND FLOORS, INC.

(Name (of Corporation as currently	filed with the Florida	Dent of State)	
P15000057029	or portation as carrently	inco with the Fields	<u>bepti of State</u>)	
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporatio	on adopts the following amenda	ment(s) to
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ution "Corp," "Inc," or "C	Co". A professional coi		ion
B. Enter new principal office address,				-
(Principal office address <u>MUST BE A S</u>	IKEEI ADDKESS)			_
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>			019 NUG 29 PF 1	1 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1
				2
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the	name of the	-
Name of New Registered Agent	LIZABETH L. CUENYA			
Nume of New Registered Agent	1791 TRADE CENTER W	AY SUITE A		
	(Florida stre	et address)		
New Registered Office Address:	NAPLES		, Florida 34109	
	(City)	(Zip Code)	-
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar w			
<u>V.77</u>	Signature of New Re		 	
•	Signature of New Re	gistered Agent, if chang	ing	

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.

X Change	<u>PT</u> <u>Joh</u>	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PVTSD	DANIEL O CUENYA	1791 TRADE CENTER WAY
,			SUITE A
X Remove		•	NAPLES, FL 34109
2) Change	PT	LIZABETH LYNN CUENYA	1791 TRADE CENTER WAY
X Add			SUITE A
			NAPLES, FL 34109
Remove	V	JACK J CRIFASI	1791 TRADE CENTER WAY
3) Change			SUITE A
A Add			NAPLES, FL 34109
	S	ANDREW C CRIFASI	1791 TRADE CENTER WAY
4) Change X			SUITE A
A Add Remove			NAPLES, FL 34109
5) Change	CEO	DANIEL O CUENYA	1791 TRADE CENTER WAY
Add			SUITE A
X Remove			NAPLES, FL 34109
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u></u>	
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument is not contained in the amendment resert.
····	

	AUGUST 8, 2019	
The date of each amendment(s) adoption date this document was signed.	:	, if other than the
Effective date if applicable:		
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departmen	bes not meet the applicable statutory filing requirements, this not of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the amendment for approval.	nt(s)
	by the shareholders through voting groups. The following state ofting group entitled to vote separately on the amendment(s):	rment
	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareho	older
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
Dated	7/19	
4	1/19 4th Cray	
(By a diffector, selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other officers by that fiduciary)	
LIZAE	BETH L. CUENYA	
	(Typed or printed name of person signing)	
PRESI	IDENT	
	(Title of person signing)	