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(Re	equestor's Name)				
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R. WHITE

COVER LETTER

Division of Corporations	
SUBJECT: A and I Floor	ing Installation Services
DOCUMENT NUMBER: P 15000	
The enclosed Affidavit by Foreign Corporation submitted for filing.	on to Change/Add Officer(s) and/or Director(s) and fee are
Please return all correspondence concerning the	his matter to the following:
Alaw Decon Name of Contact Person	
Hourd I Flowers Install	latron
3425 Culterdale DR.	
Tampa, F1 336/8 City/State and Zip Code	
Ivy4224 @hotmail.c	report notification)
For further information concerning this matter	r, please call:
Al Ain Decon Name of Contact Person	at (813) 532-9195 Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Flori	da Department of State for the following amount:
Z\$35.00 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	Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to

Articles of Incorporation

of

A and I Flooring Installation Svasi. Incino 27
(Name of Corporation as currently filed with the Florida Dept. of State)
P15000059520
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 21/21 - 2 - 1/2 - 1/2 - 1
3425 Cullendale Dr. (Florida street address)
New Registered Office Address: Tampa Florida 33618 (City) (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 Registered Agent, if changing
Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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)

Example:

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	\underline{PT}	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	<u>\lambda</u>	Ivonne Medina	3425 Culterdale Dre Tampa, Fl 33618
Remove 2) Change			
Add			
Remove Change			
Add Remove			
4) Change Add			
Remove			
5) Change Add		<u> </u>	
Remove			
6) Change Add			
Remove			

	al sheets, if-necessary). (Be	'e specific)	<u>c</u> :	
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The date of each amendment(s) ad-	ontion: 3/0	1/2020		, if other than the
date this document was signed.	option.			, ii otilei tilali tile
Effective date if applicable:	3/01/2000)		
	(no more tha	n 90 days after amendm	ent file date)	
Note: If the date inserted in this blo document's effective date on the Dep			requirements, this date wil	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopaction was not required.	nted by the incorporators,	or board of directors wi	thout shareholder action and	i shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	-	The number of votes ca	st for the amendment(s)	
☐ The amendment(s) was/were appr must be separately provided for e				
"The number of votes cast f	or the amendment(s) was/	/were sufficient for appr	oval	
by		_	,"	
,	(voting group)			
	ector, president or other of by an incorporator – if ir			
	d fiduciary by that fiducia			
-	Alain Deco	ted name of person signi	ng)	
-	President	<u> </u>		
	(Title of person	i signing)		