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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

AUG 20 2015 Y CARENCON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LORENZO & DA	VID BROS. FLOORING (CORP.		
DOCUMENT NUM	BER: P15000059798				
	of Amendment and fee are su	abmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	DAVID J. NAVA				
		Name of Contact Person	n		
	LORENZO & DAVID BROS. FLOORING CORP.				
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·		
	9251 PECKY CYPRESS WA	• •			
	Address				
	ORLANDO, FL 32836				
		City/ State and Zip Cod	e		
DAV	IDNAVA15@HOTMAIL.CO	DM			
·	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:	\ 454-4683		
Name (of Contact Person		de & Daytime Telephone Number		
	r the following amount made				
\$35 Filing Fee	□\$43.75 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 Street Address				
	Amendment Section Amendment Section				
	sion of Corporations	Division of Corporations			
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				
1 (41)			issee, FL 32301		

Articles of Amendment to Articles of Incorporation of

LORENZO & DAVID BROS. FLOORING CORP.

	f Corporation as current	tly filed with the Florida Dept. of State)	
P15000059798			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following	owing amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
	ation "Corp," "Inc," or	on," "company," or "incorporated" or t "Co". A professional corporation name t "P.A."	he abbreviation
		N/A	
B. Enter new principal office address, i (Principal office address <u>MUST BE A ST</u>		\	
C. Future and the discussion of the control of the	h.l		 _
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		N/A	
D. If amending the registered agent and			SEC TALL
new registered agent and/or the new		<u>\$:</u>	
Name of New Registered Agent	N/A		
			ח וחילות
	(Florida sı	reet address)	- F
New Registered Office Address:	N/A	. Florida	1.52 PATE 1.52
New Registered Office Address.		(City)	(Zip Code)
New Registered Agent's Signature, if ch			
I hereby accept the appointment as registe	red agent. I am familiar	with and accept the obligations of the posit	ion.
	Signature of New	Registered 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
i) X Change	P	DAVID J. NAVA	9251 PECKY CYPRESS WAY
Add			ORLANDO, FL 32836
Remove			
2) X Change	S	VANESA V. VOLUNTERIO	9251 PECKY CYPRESS WAY
Add			ORLANDO, FL 32836
Remove			E • • • • • • • • • • • • • • • • • • •
3) Change			
Add			PH EF ST
Remove			P: 49
4) Change	 		
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	<u>icles, enter change(s) here</u> : (Be specific)	
/A		
	es establishment	· · · · · · · · · · · · · · · · · · ·
		
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<u></u>		<u> </u>
		- E
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		2: 49
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A) A		
		
		· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
N/A	
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 document's effective date on the Department of State's records.	date 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 amendmen by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by"""	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	SECURTARY OF STATE ALLANIASSES TABLE 15 AUG 17 PH 2: 49 de
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	TO SEPTEMENT OF THE PERSON OF
08/15/2015	T 130
Signature) and land	STEP STEP
(By a director, president or other officer - if directors or officers have not been	<u></u> n
selected, by an incorporator if in the hands of a receiver, trustee, or other co	urt
appointed fiduciary by that fiduciary)	
DAVID J. NAVA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<u> </u>