P15000063952

(Re	equestor's Name)	
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COVER LETTER

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	1	COVER LETTER		TO THE STATE OF TH
TO: Amendment Section Division of Corpo				5 NG 10 MI . 50
NAME OF CORPOR	ATION: NICE FLOORING	G & WOOD CORP		
DOCUMENT NUMB	P15000063052			30
	of Amendment and fee are su	bmitted for filing.		No.
Please return all corres	pondence concerning this ma	tter to the following:		
	FRANCISCO RIVAS			
-		Name of Contact Person	 1	
	NICE FLOORING & WOO			
-		Firm/ Company		_
	7829 SOCIAL CIRCLE APT	ГА		
-		Address		_
	TAMPA, FL 33614			
-		City/ State and Zip Cod	e	_
oscaro	ena@cofficenter.com			
	_	sed for future annual report	notification)	
		·		
For further information	concerning this matter, pleas	se call:		
Francisco Rivas		at (727	639-3299	
Name o	f Contact Person		de & Daytime Telephone Numb	per
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 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)	
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



NICE FLOORING & WOOD CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P15000063952 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendrits Articles of Incorporation: A. If amending name, enter the new name of the corporation: The nemane must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.". A professional corporation name must contain to 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) TAMPA, FL 33614 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) TAMPA, FL 33614	0
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(Principal office address <u>MUST BE A STREET ADDRESS</u>) TAMPA, FL 33614 C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>) 7829 SOCIAL CIRCLE APT A	
(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 FRANCISCO RIVAS	
7829 SOCIAL CIRCLE APT A	
(Florida street address)	
New Registered Office Address: TAMPA 33614 Florida	
(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

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 <math>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) X Change	P	FRANCISCO RIVAS	7829 SOCIAL CIRCLE APT A
Add			TAMPA, FL 33614
Remove			
2) Change			
Add			
Remove			
3) Change	*****		
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional sheets, i</i> j	f necessary). (E	Be specific)				
						
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an amendment provide	es for an exchang	e, reclassificat	ion, or cancellat	ion of issued sha	ires,	
provisions for implemen (if not applicable, ind	iting the amendn dicate N/A)	<u>aent if not cont</u>	ained in the amo	endment itself:		
	<u></u>					
	 					

	8/10/2015	10 1 1 1
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this document's effective date on the [block does not meet the applicable statutory filing requirements, this pepartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendm sufficient for approval.	ent(s)
	oproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
	dopted by the board of directors without shareholder action and sharel	nolder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	ः
8/10/201	5	
Dated		
a	San	
	director, president or other officer – if directors or officers have not be	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other	
	inted fiduciary by that fiduciary)	
	FRANCISCO RIVAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	