## P15000079912

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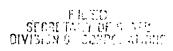
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: WE DO IT ALL I	FLOORING INC	<u> </u>				
DOCUMENT NUMBER: P15000079912						
The enclosed Articles of Amendment and fee are s	submitted for filing.					
Please return all correspondence concerning this m	atter to the following:					
MICHAEL ANDERSON						
	Name of Contact Persor	1				
WE DO IT ALL INC						
	Firm/ Company					
4037 NE BLITCHTON RD						
	Address					
OCALA, FL 34475						
	City/ State and Zip Code	2				
MICHAELSA420@GMAIL.COM	1					
E-mail address: (to be u	used for future annual report	notification)				
For further information concerning this matter, plea	ase call:					
MICHAEL ANDERSON	at ( <sup>352</sup>	207-7363				
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made	payable to the Florida Depa	ertment of State:				
■ \$35 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 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



WE DO IT ALL FLOORING INC

15 NOV -6 AM II: 26

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P15000079912	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the contains the contains and the contains a second contain	The new d "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>X</u> )
D. If amending the registered agent and/or register new registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	<del></del>
	(Florida street address)
New Registered Office Address:	, Florida
New Negasierea Office Hauress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signo	ature 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 Doc			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			Address
1) Change	S	VIOLI	ETA WALKER RIVERA		40387 NW BLITCHTON RD
X Add					#2
Remove					OCALA, FL 34475
2) Change				<del></del>	
Add					
Remove					
3)Change	*				
Add					
Remove					-
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change				<del></del>	
Add					
Pamoua					•

	f necessary).	(Be specific)				
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			<u> </u>			
	s for an exch	ange, reclassific	ation, or cancella	ation of issued sha	ares,	
f an amendment provide			inisinea in ine st	nenament itseit:		
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The date of each amendment(s) adopt	on:	, if other than the
date this document was signed.		Acces Files in
Effective date <u>if applicable</u> :		SCORE THEY IT IS THE DIVING THE SECOND
	(no more than 90 days after amendment file d	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirem nent of State's records.	15 NOV -6 AMII: 26 tents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the a ent for approval.	; amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting groups. The follows voting group entitled to vote separately on the amenda	wing statement ment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	areholder
DatedSignature	Muchan	
(By a direct selected, by	or, president or other officer – if directors or officers ha an incorporator – if in the hands of a receiver, trustee, of duciary by that fiduciary)	
MIG	CHAEL ANDERSON	
·	(Typed or printed name of person signing)	
PRI	SIDENT	
	(Title of person signing)	