Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INREP, LLC
Account Number : I20170000048

Phone Fax Number : (754)333-1797 : (954)301-0210

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INREP101@OUTLOOK.COM

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COR AMND/RESTATE/CORRECT OR O/D RESIGN EAGR FLOORING CORP

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COVER LETTER

TO: Amendment Seet Division of Corp				
NAME OF CORPOR	RATION: EAGR FLOORING	G CORP		
DOCUMENT NUMB	BER:			
	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	ater to the following:		
	MARTIN REYES			
		Name of Contact Person	1	
	INREP, LLC			
		Firm/ Company		
	7871 NW LITH ST			
		Address		
	PLANTATION, PL 33322			
		City/ State and Zip Cod	e	
INRI	EP101@OUTLOOK.COM			
	· •	sed for future annual report	notification)	
	E	····		
For further informatio	n concerning this matter, pleas	se call:		
ELVIN A GUILLEN		at (422-2310	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a cheek fo	or the following amount made	payable to the Florida Depa	artinent 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)	
	iling Address		Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314 Carrier Stiller				
2.002			issee, FL 32301	

(((H17000275280.31))

Articles of Amendment to Articles of Incorporation of

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)	EAGR FLOORING CORP		
(Document Number of Corporation (if known) Prinsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name nart 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 ecorporation name must contain the word "characted," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST HE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or registered office address: Name of New Registered Agent N/A IF lorida street address; New Registered Office Address: New Registered Office Address: (City) Registered Agent's Signature, if changing Registered Agent:	(Name of Corporation as	currently filed with the Florida D	ept. of State)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) 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". A professional corporation name must contain the word "characted," "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 MAY BE A POST OFFICE BOX) N/A (Mailing address MAY BE A POST OFFICE BOX) N/A 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: N/A (Enter new Mailing address MAY BE A POST OFFICE BOX) N/A (Florida street address)	P16000000828		
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		(C.tty)	(Zip Code)
			ons of the position,
Signature of New Registered Agent, if changing	Signature	of New Registered Agent if changin	

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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> 74</u>	John Do	<u> </u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1)Change	V		DILCIA M MONJE ALBERTO	6612 FOREST HILL BLVD
X Add				WEST PALM BEACH, FL 33415
Remove				
2) Change				
Add				
Remove				
3)Change		_		
Add				
Remove				
4) Change				
Add				-
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
21,241111.10				

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If amending or adding additional Articles, c	enter change(s) here:		
(Attach additional sheets, if necessory). (Be	specific)		
			
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		<u> </u>	
If an amendment provides for an exchange,	reclassification, or cancel	llation of issued shares,	
provisions for implementing the amendme (if not applicable, indicate N/A)	ent if not contained in the a	imendment itself:	
(у погаррисаме, такае полу			
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The date of each amendment(s) adoption:date this document was signed.		· · · · · · · · · · · · · · · · · · ·		_, if other than the
· ·				
Effective date if applicable:	1 00 / 6			
no m	nore than 90 days after at	nenament file date)		•
Note: If the date inserted in this block does not meet document's effective date on the Department of State's		filing requirements, t	his date will	not be listed as the
Adoption of Amendment(s) (CHECK C	DNE)			
☐ The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approva		ites cast for the amend	ment(s)	
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group of				
"The number of votes east for the amendment(s) was/were sufficient fo	r approval	· ·.	·
by			•	
(voting gro	up)	• • • • • • • • • • • • • • • • • • • •		
The amendment(s) was/were adopted by the board of action was not required.	of directors without share	holder action and shar	eholder	
. The amendment(s) was/were adopted by the incorporate incorporat	arators without shareholds	er action and sharehold	der	
action was not required.	·	er abitem and smalletter		
10/18/2017 Dated				
Signature Claim A Gal		, ,,	• • • • • • • • • • • • • • • • • • • •	
(By a director, president or selected, by an incomporate appointed fiduciary by their	or – if in the hands of a re			
Elvin		7		· ;
(Typed	or printed name of person	n signing)		
. PI	RESIDENT	•		
	(Title of person signi	ng)		