P16000006038

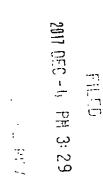
| (Requestor's Name) |
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| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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C GOLDEN DEC - 6 2017

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: FLOORS AND M | ORE OF S.W.F.L INC | | |
|---|---|---|---|--|
| DOCUMENT NUMI | | | | |
| The enclosed Articles | of Amendment and fee are s | ubmitted for filing. | | |
| Please return all corre | spondence concerning this ma | atter to the following: | | |
| | DAVID F OGILVIE | | | |
| | | Name of Contact Perso | on | |
| | FLOORS AND MORE OF S.W.F.L INC | | | |
| | | Firm/ Company | | |
| | 24181 S TAMIAMI TRAIL | # 3 | | |
| | Address | | | |
| BONITA SPRINGS, FL 34134 | | | | |
| | | City/ State and Zip Cod | le | |
| DFO | GILVIE1225@GMAIL.COM | I | | |
| ~ , | | sed for future annual report | notification) | |
| For further information DAVID F OGILVIE | n concerning this matter, plea | se call:at (239 | 603-3737 | |
| Name o | of Contact Person | Area Co | ode & Daytime Telephone Number | |
| Enclosed is a check for | r 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) | |
| Ame Divis P.O. | ling Address ndment Section sion of Corporations Box 6327 shassee, FL 32314 | Amenc Divisio Clifton 2661 E | Address Iment Section on of Corporations Building ixecutive Center Circle assec, FL 32301 | |

Articles of Amendment to Articles of Incorporation

FILED

2017 DEC -4 PM 3: 29

| la Dept. of State) |
|---|
| ·•. |
| 1) |
| |
| ntion adopts the following amendment(s) to |
| |
| 77 |
| The new incorporated" or the abbreviation corporation name must contain the |
| MIAMI TRAIL# 3 |
| FL.34134 |
| |
| ne name of the |
| |
| |
| |
| JS 34134 |
| , Florida |
| (Zip Code) |
| zations of the position. |
| |

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>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) Change | VS ——— | MARIA T LISI | 28141 S. TAMIAMI TRAIL # 3 | |
| X Add | | | BONITA SPRINGS | |
| Remove | | | FLORIDA, 34134 | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| f amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) |
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| lf an amendment provides for an excha | ange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amen- | dment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| VID FOGILVIE WILL HOLD 50 % OF | F SHARES AND MARIA T LISI WILL HOLD THE OTHER 50% |
| | |
| TOTAL SHARES | |
| | |
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| | 11/28/2017 | |
|--|--|--|
| The date of each amendment(s | adoption: | , if other than the |
| date this document was signed. | | |
| Effective date if applicable: | | |
| | (no more than 90 days after o | imendment file date) |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutor. Department of State's records. | y filing requirements, this 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 vesufficient for approval. | otes cast for the amendment(s) |
| The amendment(s) was/were a must be separately provided j | pproved by the shareholders through voting good or each voting group entitled to vote separate | roups. The following statement ly on the amendment(s): |
| "The number of votes ca | st for the amendment(s) was/were sufficient fo | эт approval |
| by | (voting group) | , - |
| | (voting group) | |
| The amendment(s) was/were a action was not required. | dopted by the board of directors without share | cholder action and shareholder |
| ☐ The amendment(s) was/were a action was not required. | dopted by the incorporators without sharehold | er action and shareholder |
| 11/28/20 | 17 | |
| Dated | | |
| | | |
| Signature | James Clarine | |
| (By a | director, president or other officer - if directo | ors or officers have not been |
| selec | ted, by an incorporator – if in the hands of a re | ceiver, trustee, or other court |
| арро | nted fiduciary by that fiduciary) | |
| | DAVID F OGILVIE | |
| | (Typed or printed name of perso | n signing) |
| | PRESIDENT | |
| | (Title of person signi | ing) |