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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ______ GORILLA FLOORS INC

DOCUMENT NUMBER: P16000016386

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA LOWE

Name of Contact Person

GORILLA FLOORS INC

Firm/ Company

28 BONAIRE PL

Address

UMATILLA, FL 32784

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

_____)_____Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

at (

□\$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 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Street Address

Articles of Amendment to Articles of Incorporation of

GORILLA FLOORS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000016386

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to 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.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

			SE FALL	19	
D.	If amending the registered agent and/o new registered agent and/or the new r	or registered office address in Florida, enter the name of the egistered office address:	CRETAR AHASS	AUG 19	
	Name of New Registered Agent		Tors E.FE	Ĕ	
	-	(Florida street address)	INIE ORIDA	ត ភូ	<u> </u>
	<u>New Registered Office Address</u> :	, Florida <u>`</u> , Florida <u>`</u>	. - (Zip C	ode)	_

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:

John Doe

рТ

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></u>	<u></u> <u></u>			
X Remove	<u>V</u> <u>Mi</u>	<u>ke Jones</u>		
<u>X</u> Add	<u>SV Sal</u>	lly Smith		
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s	
1) Change	D	RICHARD THIGPIN	28 BONAIRE PL	
XAdd			UMATILLA, FL 32784	
Remove				
2) Change				
Add				
Remove			IA SEC	
3) Change		··· ···		
Add				ГІ 2
Remove				7
4) Change	<u></u>			;
Add			· · · · · · · · · · · · · · · · · · ·	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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 F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) 	19 AUG 19 PH 5: 51 SECREINSY OF STATE TALL & HASSEE, FLORIDA	FILED

The date of each amendment(s) add date this document was signed.	ption:	DULICI		if othe	er th
Effective date <u>if applicable</u> :	(no more that	n 90 days after amend	ment file date)		_
Note: If the date inserted in this block				date will not be lit	sted
document's effective date on the Dep	artment of State's records.		g requirements, and	duce on not oc n.	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)				
The amendment(s) was/were adop by the shareholders was/were suf		The number of votes c	ist for the amendme	nt(s)	
□ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders t each voting group entitled	through voting groups, to vote separately on	The following state (he amendment(s):	sment	
"The number of votes cast f	or the amendment(s) was/v	were sufficient for app	roval		
by	(voting group)	_			
selected	oted by the incorporators w WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	vithout shareholder ac	ion and shareholder officers have not be er, trustee, or other c	19 AUG 19 PH 5: 1 SECRE LARY OF STA	
}-	The second se	tle of person signing)		<u></u>	—

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