P16000021039

(Ke	questor's Name)	
	d)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Araujo Floorin	g Inc.
DOCUMENT NUMBER: P16000021039	
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Leah Araujo	
	Name of Contact Person
Araujo Flooring Inc	
	Firm/ Company
18104 Fall Creek Dr	
-	Address
Lutz, FL 33558	
	City/ State and Zip Code
araujoflooring@gmail.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	
Name of Contact Person	at ()
Enclosed is a check for the following amount ma \$35 Filing Fee Certificate of Statu	de payable to the Florida Department of State:
•	is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
rananassee, pr. 32314	Taliahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Araujo Flooring Inc					
(Name of Corpora	ition as currently f	iled with the Florida I	Dept. of State)		•
P16000021039					
(Doct	ument Number of C	orporation (if known)			
Pursuant to the provisions of section 607,1006, Flori its Articles of Incorporation:	da Statutes, this Flo	orida Profit Corporatio	n adopts the following	ig amendu	nent(s) to
A. If amending name, enter the new name of the	corporation:				
				The ne	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	rp, " " Inv , " or " Co	". A professional cor		- ibbreviatu	n:
B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AL</u>					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	: <u>OX</u>)			19 JUN 12	WANTED BY THE
D. If amending the registered agent and/or regist new registered agent and/or the new registere		s in Florida, enter the	name of the	AH 7: 53	OF STATE OF STATE ORPOGRATIONS
Name of New Registered Agent				-	
	(Florida street	address)		haquit.	
New Registered Office Address:			, Florida		
	(C)	ity)	(Zip	Code	
New Registered Agent's Signature, if changing Relation I hereby accept the appointment as registered agent.	egistered Agent: I am familiar wit	h and accept the obliga	tions of the position.		
Siv	mature of New Rea	istered Avent if chanvi	·	_	

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 - Clark 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)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary,	, ,	rovio 11== 500 - 6	45- 400 Ct	
ah Araujo Has 95	% of the 100 Sha	res and David A	raujo Has 5% of	the 100 Shares	
				 	
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	plementing the an able, indicate N/A)		ontained in the a	menament itseit:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following so must be separately provided for each voting group entitled to vote separately on the amendment(s).	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	zholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
Dated 5/28/26/8	
Signature	
(By a director, president or other officer – if directors or officers have not	
selected, by an incorporator — if in the hands of a receiver, trustee, or othe appointed tiduciary by that fiduciary)	r court
Lean C Avayo (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
UP	
(Title of person signing)	