## P160000 34976

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

Office Use Only

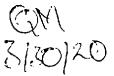


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SECRETARY OF STATE
AVISION OF COST STATE

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION:	Lee County flooring, Inc
DOCUMENT NUMBER:	Y16 0000,34976
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
	Maria Madalena Cald as - Lopes  Name of Contact Person  Brazila Canada
MOE_I	n DNZIL Services Firm/ Company
12811 Kanu	ond lane Suite 208
Fort My	Address  2r5 FL 33907  City/ State and Zip Code
E-mail address: (to b	aziservices (2) not mail. com e used for future annual report notification)  please call:
Maria M. Caldas-Lopes Name of Contact Person	at ( <u>239</u> ) <u>8106079</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Certificate of Status	<u> </u>
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to

Articles of Incorporation

of Carry by Flagge	
(Name of Corporation as currently	MU
P16 0000.349	•
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation," "c". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:	ompany," or "incorporated" or the abbreviation "Corp.,"
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral Horida 3399.3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	304 NW 12th Lane Cape Coral Florida 33993
D. If amending the registered agent and/or registered office address:  *  Name of New Registered Agent  Mania Madalena	
12811 Kanwad (Florida stre	lane Guite 208
New Registered Office Address: FOTH MYCHS	, Florida 33909 (City) (Zip Codal) SI VISCO (CR. 1300) SI VISCO (C
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	_ FAT
	PH 12: 4
Signature of New Re	gide Mt Agent if changing &
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (	e). F.S.

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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
1) X Change	P	Dutra Eber M	4	304 NW 12th lane
Add		·		Cape Obral, Florida 33993
Remove				
2) X Change	<u>VP</u>	Dr. Oliveira, Flavia R.	-	304 NW 12th Lane
Add				Cape Coral, Florida 33993
Remove 3) Change			_	
Add				
Remove				
4) Change			-	
Add				
Remove				
5) Change			-	
Add				
Remove				
6) Change			_	
Add				
Remove				

E. It amending (Attach addit	or adding additional ional sheets, if necessa	ry). (Be specific)	inge(s) nere:		
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provisions	ment provides for an for implementing the	amendment if not	<u>contained in the </u>	llation of issued sha amendment itself:	res.
	applicable, indicate N/.	4)			
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The date of each amendment(s) adop-	ion: <u>D311212020</u>	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	03/12/2020	
	(no more than 90 days after amendment f	(ile date)
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirement of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte action was not required.	I by the incorporators, or board of directors withou	it shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	by the shareholders. The number of votes east for ent for approval.	r the amendment(s)
	ed by the shareholders through voting groups. The h voting group entitled to vote separately on the an	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	N/A	,,
	(voting group)	
Dated	03/12/2020	
Signature Flan	a ligne de Olivera	·
selected, by	or, president or other officer – if directors or office an incorporator – if in the hands of a receiver, trus iduciary by that fiduciary)	rs have not been
	Flavia R. De Oliveira (Typed or printed name of person signing)	
	VP	
	(Title of person signing)	