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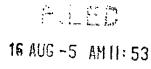
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: TNT FLOORING	OF HERNANDO INC	
DOCUMENT NUMBE	D16000055427		
The enclosed Articles of	"Amendment and fee are su	ibinitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_		Name of Contact Person	3
Т	HOMAS HORAN	rame of contact reason	,
_		Firm/ Company	
Т	NT FLOORING OF HERN	, ,	
		Address	
40	676 CRESCENT ROAD		
 .		City/ State and Zip Code	e
SPRING	G HILL, FL 34606		
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
THOMAS		at (<u>813</u>	778-9947
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	ortment of State:
■ \$35 Filing Fee	□S43.75 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)
Ameno Divisi P.O. E	ng Address Idment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



	of	Secretary a litera Talbandasis burnga
'N'T FLOORING OF HERNANDO INC	41. (41. 1)	
16000055437	as currently med wi	th the Florida Dept. of State)
	nt Number of Corporat	ion (if known)
	•	
ursuant to the provisions of section 607.1006, Florida St s Articles of Incorporation:	tatutes, this Florida P	rofit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corp	oration:	
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp," vord "chartered," "professional association," or the abo	"Inc," or "Co". A j	
	previation P.A.	
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRI</u> 	 ESS)	
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
		
. If amending the registered agent and/or registered	l office address in Fly	oride, onter the name of the
new registered agent and/or the new registered off		rida, enter the name of the
Name of New Registered Agent		
	(Florida street address	;)
New Registered Office Address:		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Regist	ered Agent:	
hereby accept the appointment as registered agent. I a		ecept 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:

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	TINA HORAN	4676 CRESCENT ROAD
X Add			SPRING HILL, FL 34606
Remove			
2) Change			
Add			
Remove			
3) Change	,		
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	icles, enter change(s) here: (Be specific)	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ot 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(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by ."	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
8-2-16 Dated	
Signature Man 1. Men	
(By a director, provident or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Thomas Horan	
(Typed or printed name of person signing)	
President	-
(Title of person signing)	