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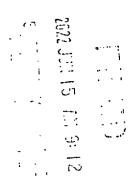
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: EARTH FLOORING	NG CORPORATION				
DOCUMENT NUM	1BER: P16000060465			_		
	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	AURELIO PENTEADO					
		Name of Contact Person	n			
	ONE TOUCH CONSULTIN	G SERVICES LLC				
		Firm/ Company				
	7345 W SAND LAKE RD, S	STE 224				
	Address					
	ORLANDO, FL 32819					
		City/ State and Zip Cod	e			
	CONTACT@ONETOUCHC	S.COM				
	E-mail address: (to be us	sed for future annual report	notification)	_		
For further informati	on concerning this matter, pleas	se call:		umber		
AURELIO PENTEZ	ADO	at (233-7350	·	a ··	
Name	of Contact Person	Area Co	de & Daytime Telephone N	umber	•	
Enclosed is a check (for the following amount made	payable to the Florida Dep	artment of State:	- 1		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	1 10		
<u>M</u> :	ailing Address	Street	Address			

Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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



EARTH FLOORING CORPORATION

(<u>Name</u>)	of Corporation as currer	itly filed with the Florida Dept. of State)	
P16000060465			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, th	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:		
FLS COAST CORP		The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2484 SAN TECLA ST. UNIT 205	
		ORLANDO, FL 32835	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2484 SAN TECLA ST, UNIT 205	
		ORLANDO, FL 32835	
D. If amending the registered agent ar			
new registered agent and/or the new	<u>w registered office addre</u> FERNANDO LACERD		
Name of New Registered Agent	2484 SAN TECLA ST. I	JNIT 205	
	(Florida ,	street address)	
New Registered Office Address:	ORLANDO	, Florida 32835	
the state of the s		(City) (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nt: r with and accept the obligations of the position.	
Fex	navolo lacerd	a Shal	
	Signature of New	Registered 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: XChange	<u>pT</u>	John De	<u>oc</u>	
X Remove	<u>V</u>	<u>Mike Jo</u>	nes	
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				-
2) Change		_		- <u>-</u>
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach <i>a</i>	ling or adding additional Ar additional sheets, if necessary).	(Be specific)	IN THE STATE		
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lf an am	endment provides for an exc	<u>hange, reclassifica</u>	tion, or cancellation	n of issued shares,	
provisio	ons for implementing the am not applicable, indicate N/A)	endment if not con	tained in the amen	dment itself:	
	он аррисионе, такие ма)				
	-				
					<u> </u>

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	06/10/2022	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	VI 0./2022	
06 Effective date <u>if applicable</u> :	/10/2022	
	(no more than 90 days after a	mendment file date)
Note: If the date inserted in this document's effective date on the L		y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of direc	ctors without shareholder action and shareholder
■ The amendment(s) was/were ac by the shareholders was/were:	dopted by the shareholders. The number of vaufficient for approval.	otes cast for the amendment(s)
	proved by the shareholders through voting greath voting group entitled to vote separate	
"The number of votes cas	t for the amendment(s) was/were sufficient t	for approval
by 1 - 100%		•
·	(voting group)	·
06/10/202 Dated	2	
Signature	ermando lacerda Clival	
select	director, president or other officer – if directed, by an incorporator – if in the hands of a rated fiduciary by that fiduciary)	
	FERNANDO LACERDA STIVAL	
	(Typed or printed name of person	on signing)
	PRESIDENT	
	(Title of person signing)	