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And

R. WHITE AUG 0 9 2018



## **COVER LETTER**

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O: Amendment Section Division of Corporations				
OCUMENT NUMBER: P1600081559				
OCUMENT NUMBER: 016000 81551				
the enclosed Articles of Amendment and fee are submitted for filing.				
lease return all correspondence concerning this matter to the following:				
Name of Contact Person	_			
LRM Flooring Inc	_			
4001 49 ST N H 5				
51 Pete (4 33709				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Lisa matter 1727, 776318	4			
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 Secretificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment Section				

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## FILED

Articles of Amendment

2018 AUG -8 AM 10: 57

Articles of Incorporation SECRETARY OF STATE TALLAHASSEE. FL 1-2 m currently filed with the Florida Dept. of State) (Name of Corporation (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: 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. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: 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.

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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:

 $P \neq President; V \neq Vice President; T \neq Treasurer; S \neq Secretary; D \neq Director; TR \neq Trustee; C \neq Chairman or Clerk; CEO \neq Chief Executive Officer; CFO \neq Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD,$ 

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:	, una sai	y Smith, St. un un Muu.		
X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>SY</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change		Mark Littlewood	6039 101 AUN Pinellas Park (233782	
Add			Pinellas Park (1 33782	
Remove				
2) Change	J		***************************************	
Add				
Remove			4	
3 ) Change	<u> </u>			
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Na	
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, <u>, , , , , , , , , , , , , , , , , , </u>	
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)	
<u>Na</u>	<del></del>

. . . .

The date of each amendment(s) adoption:	813118	, if other than the
date this document was signed.  Effective date if applicable:	813118	
meetive date <u>ii appiicable</u> .	(no more than 90 days after amend	lment file date)
Note: If the date inserted in this block does in document's effective date on the Department of		ng requirements, this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes capproval.	east for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the ame	endment(s) was/were sufficient for app	proval
by	oting group)	
(vo	iting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholders	er action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	•	tion and shareholder
Dated813118	<b>)</b>	
Signature I im	R Mattat	
(By a director, pres	sident or other officer – if directors or	
•	corporator – if in the hands of a receive	er, trustee, or other court
appointed fiduciar	y by that fiduciary)	
	(Typed or printed name of person sig	Hox
	(Typed or printed name of person sig	ning)
	President	
	(Title of person signing)	