## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : ITAX GROUP, LLC

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Phone : (813)882-8426

Fax Number

: (813)884-0263

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Email Address: JODSONDIAS @ HOTMAIL COM

## COR AMND/RESTATE/CORRECT OR O/D RESIGN **EXCEPTIONAL FLOORING INSTALLATION INC**

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OCT 2 3 2019

COVER LETTER
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: EXCEPTIONAL FLOORING INSTALLATION INC
DOCUMENT NUMBER: P17000000156
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSE J DIAS ALMEIDA
Name of Contact Person
EXCEPTIONAL FLOORING INSTALLATION INC
Firm/ Company
4733 W WATERS AVE APT. 437
Address
TAMPA, FL 33614
City/ State and Zip Code
jodsondias@hotmail.com
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
OSE J DIAS ALMEIDA  Numc of Contest Person  at ( 813 ) 850-6347
Name of Contact Person Area Code & Daytime Telephone Number
inclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tailahassee, FL 32301

Articles of Amendment to Articles of Incorporation of 70

2019 GOT 22 AM 9: 48

EXCEPTIONAL FLOORING INSTALLATION INC	
(Name of Corporation as currently filed with	th the Florida Dept. of State)
P17000000156	
(Document Number of Curporat	ion (if known)
Pursuant to the provisions of section 607-1006. Plouide County, this Planta of	C.C.
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pi</i> its Articles of Incorporation:	to the following amendment(s) to
A. If amending name, enter the new name of the corporation;	
_:	Tr.
name must be distinguishable and contain the word "corporation," "comp "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "Co". A p word "chartered," "professional association," or the abbreviation "P.A."	The new pany," or "incorporated" or the abbreviation rofessional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<del></del> .	<u>,</u>
	- ··
D. If amending the registered agent and/or registered office address in Flo	inda, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Flurida street oddress)	·
·	
New Registered Office Address:(Cits)	, Florida
lewi	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I om familiar with and ac	cept the obligations of the position.
Signature of New Presistenced	

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	sv	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	VP	Adelson Figueiredo Matos	4733 W WATERS AVE
X Add			AP'Γ 437 33615 Tampa/FL
Remove			<del></del>
2) Change	VP	RICARDO M, S, FERNANDES	8810 CITRUS VILLAGE DR
Add			APT 104
X Remove			TAMPA, FL 33614
3 ) Change			
			<del></del>
Remove			<u></u>
4) Change	<del></del>		
Add			
Remove			
5) Change			
∧dd		-	<u> </u>
Remove			
6) Change			
, Add			
Remove		 	· <del></del>

	ticles, enter change(s) here (Be specific)	· ·	
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f an amendment provides for an exclusions for implementing the ame	adment if not contained in		
fan amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in	the amenoment itself:	
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The date of each amendment(s) addate this document was signed.	loption:		, if other than the
Effective dute if applicable:			
	(110)	nore than 90 days after amendment file d	atc)
Note: If the date inserted in this bidocument's effective date on the De-	lock does not mee partment of State';	et the applicable statutory filing requirems records.	ents, this date will not be listed as t
Adoption of Amendment(s)	(CHECK	ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the sharch Micient for approv	olders. The number of votes east for the s	amendment(s)
☐ The amendment(s) was/were app must he separately provided for	roved by the share each voting group	holders through voting groups. The follo- entitled to vote separately on the amends	wing statement nent(s);
"The number of votes east t	for the amendment	(s) was/were sufficient for approval	
by	(voling gre		
	(voling gra	oup)	
☐ The amendment(s) was/were adoption was not required.	pted by the board	of directors without shareholder action an	d sharcholder
☐ The amendment(s) was/were adopaction was not required.	pted by the incorp-	orators without shareholder action and sha	archolder
10/11/20 Dated	119		
Signature All	and I		
∖¢ÆSyadi	rector, president o	r other officer - if directors or officers ha	ve not been
appoint	cd fiduciary by the	or – if in the hands of a receiver, trustee, out fiduciary)	or other court
	JOSE J DIAS ALZ	MEIDA	
	(Typed	or printed name of purson signing)	
	PRESIDENT		
-	······································	(Title of person signing)	