

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· -
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Amendicas

SEP 1 + 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ELEVATORS INT	TERIORS INC	
	ER: P17000003846		
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.	
Picase return all corres	pondence concerning this ma	atter to the following:	
,	CHARLES GENTRY		
-		Name of Contact Person	1
	ACCOUNTING AND TAX	ASSOCIATES	
-		Firm/ Company	
	1903 N HERCULES AVE		
-		Address	
	CLEARWATER, FL 33763		
-		City/ State and Zip Code	<u> </u>
СНАБ	LIE@ACCOUNTINGAND	ТАХРА.СОМ	
	•	sed for future annual report	notification)
For further information	concerning this matter, please		230-6965
Name of Contact Person		at (727	de & Daytime Telephone Number
	the following amount made		•
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ELEVATORS INTERIORS INC

(Name of Corporati	as currently filed with the Florida Dept. of State)	
P17000003846		
(Docum	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following ame	:ndment(s
A. If amending name, enter the new name of the co	poration:	
	"corporation," "company," or "incorporated" or the abbrev "Inc," or "Co". A professional corporation name must contain	
• •		
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	ESS)	
		*
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
	72. 73	•
	· [
D. If amending the registered agent and/or register new registered agent and/or the new registered	d office address in Florida, enter the name of the fice address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	t <mark>ered Agent:</mark> am familiar with and accept the obligations of the position.	
Sign	are 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, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	NICK KOLGJOKAJ	1161 BROOK DR E
X Add			DUNEDIN, FL 34698
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	_		
Remove			
6) Change			
Add			
Remove			

	eets, if necessary).	(Be specific)			
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an amendment n	rovides for an exch	ange, reclassifica	tion, or cancellati	on of issued shares	_
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	ndoption:	, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this repartment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendmen ufficient for approval,	nt(s)
	oproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	lopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated	8/41/19	
select	director, president or other officer – if directors or officers have not beced, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary) KOLDIAN RAKAJ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of nerson signing)	