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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TELL FLOORING INC

P.O. Box 6327 Tallahassee, FL 32314

DOCUMENT NUM	BER: P17000064143					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	TAFAREL DE LIMA					
		Name of Contact Persor	1			
	TLL FLOORING INC					
	Firm/ Company					
	1101 Old St Augustine Rd A	PT 1104				
	Address					
	JACKSONVILLE, FL 32257	7				
		City/ State and Zip Cod	e			
5000	312@GMAIL.COM					
	-	sed for future annual report	notification)			
	Trimin Bodi Citis (W. C. C.					
For further information	on concerning this matter, pleas	se call:				
TAFAREL DE LIMZ	\	904 _at (599 9312			
Name	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:			
■ \$35 Filing Fee	☐\$43.75 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)			
Ma	iling Address	Street	Address			
	endment Section	Amendment Section				
Div	ision of Corporations	Division of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301 19 SEF 30 FM 4: 2:

Articles of Amendment to Articles of Incorporation of

TLL FLOORING INC				
(Name of Corporation a	is currently f	iled with the Floric	la Dept. of State)	
217000064143				
(Document	Number of C	orporation (if know)	1)	
fursuant to the provisions of section 607,1006, Florida States Articles of Incorporation:	atutes, this <i>Fle</i>	orida Profit Corpor	ution adopts the follow	ing amendment(s)
A. If amending name, enter the new name of the corpor	oration:			
				The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp.," "s word "chartered," "professional association," or the abbi	Inc," or "Co	". A professional	incorporated" or the corporation name mu	abbreviation
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>777</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-·		
D. If amending the registered agent and/or registered of		s in Florida, enter	the name of the	. <u></u>
new registered agent and/or the new registered offic Name of New Registered Agent	ce adoress:			- 8 SEA
				30 E
	(Florida street	address)		ეკբ - გკ
New Registered Office Address:			Florida	
	<i>(</i> C)	ity)	17.	ip Coder 29
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	e <mark>red Agent:</mark> en familiar wit	h and accept the ob	ligations of the positio	n.
	re of New Reg	istered Agent, if cho	inging	

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; \hat{V} = Vice President; \hat{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 De	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
<u>X</u> Add	<u>8V</u>	Sally Si	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	MGR		CARMEN ROBERT GIUMARELO	158 MIDWAY PARK DR
X Add	-	_		ST AUGUSTINE, FL 32084
Remove				
2) Change		_		
Remove				
3) Change				
Add		_		
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)		
		·	
			
J			
	-		
,			
f an amendment provides for an excl	ange, reclassification, or can	icellation of issued shares,	
provisions for implementing the amo (if not applicable, indicate N/A)	ndment if not contained in th	<u>ie amendment itself:</u>	
,			

The date of each amendment(s) a	09/26/2019 adoption:	, if other than the
date this document was signed.	•	
	26/2019	
Effective date <u>if applicable</u> :	(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, to partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amend afficient for approval.	lment(s)
	proved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendments	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
The amendment(s) was/were acceptance acceptance.	lopted by the board of directors without shareholder action and shar	reholder
☐ The amendment(s) was/were accepted action was not required.	lopted by the incorporators without shareholder action and sharehol	der
09/26/201	9	
DatedSignature	ofarel line	
(By a	director, president or other officer - if directors or officers have not	
	ed, by an incorporator – if in the hands of a receiver, trustee, or othented fiduciary by that fiduciary)	er court
аррог	ned riduciary by that riduciary	
	TAFAREL DE LIMA	
	(Typed or printed name of person signing)	
	President	
	(Title of nerson classing)	