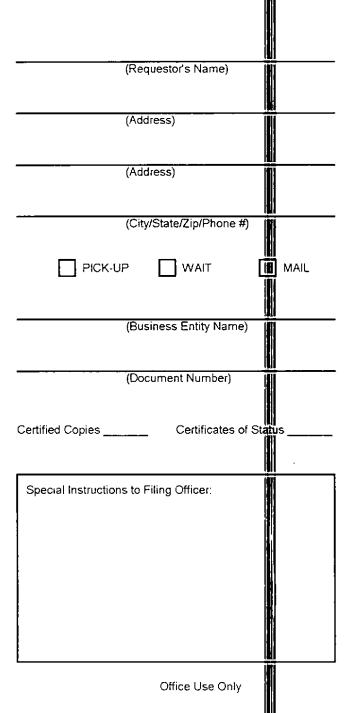
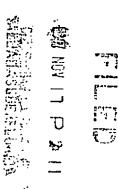
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NOV 2 2 2017 T. LEAMEUX



COVER LETTER

TO: Amendment Section Division of Corporations	r
NAME OF CORPORATION:	USPIEL CARPET COLP
DOCUMENT NUMBER: 277	20079941
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
	Sniel Leonard Raninez
	Name of Contact Person
425	NW 72 FIN 7301
×119	MAddress MAD FC 33150
Don IIIa	City/ State and Zip Code H h ta
For further information concerning this matter,	lease call:
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount management	
\$35 Filing Fee S43.75 Filing Fee Certificate of State	& \$\Bigsquare \text{\$\subsquare}\$ \Bigsquare \text{\$\subsquare}\$ \Bigsquare \text{\$\subsquare}\$ \$\su
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 Tallahassee, FL 32301

	Articles of Amendment
	to Articles of Incorporation
	of O and O and
/(4	Shiel Carpet CORP
(Name of/Corpo	oration as currently filed with the Florida Dept. of State)
PIF0000	0 799 91
Ď	beument Number of Corporation (if known)
Pursuant to the provisions of section 607 1006 F	orida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
its Articles of Incorporation:	bridge statutes, this riminal rroys corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	he corporation:
	The new
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," o	the abbreviation "P.A."
B. Enter new principal office address, if applie	able:
(Principal office address MUST BE A STREET	MDDRESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	
D. If any discrete weight and a second secon	wared office address in Florida arrangle many of the
new registered agent and/or the new register	stered office address in Florida, enter the name of the
Name of New Registered Agent	<u>. </u>
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
İ	
New Registered Agent's Signature, if changing	Registered Agent: It. I am familiar with and accept the obligations of the position.
Thereby accept the appointment as registered age	Grand Control of the positions of the position.
	D 🚎
	Signature of New Registered Agent, if changing
	II
	}

(Attach additional sheets, Please note the officer/din P = President; V= Vice Executive Officer; CFO held. President, Treasures Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove, Example: X Change	rector titl President = Chief I r, Directo in the for ves the co	e by the first let; T= Treasure; Tinancial Office or would be PT. Howing manner orporation, Sal	r: S= Secretary: D er. If an officer/di D. - Currently John l ly Smith is named l	= Director: TR= Tru rector holds more the Doe is listed as the P:	an one title, list t ST and Mike Jone	he first letter of eac is listed as the V.	ch office There is
X Remove	<u>v</u>	Mike Jones					
_X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	Na n	<u>e</u>		<u>Addres</u> s	,	20 Hell
1) Change	P		usniec	LeonArd	Panise3	425 NU # 30 miam	1/2
Add	1	/				mam	, R. 3315
Remove							
2) Change		_					
Add							
Remove							
3) Change					<u> </u>		
Add							
Remove							
4) Change		_					
Add							
Remove							
5) Change		_ 			· · ·		
Add							
Remove						**	
6) Change							
Add							
Remove							

Page 2 of 4

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:

E. If amending or adding additional Articles e	enter change(s) here:
(Attach additional sheets, if necessary): (Be)	specific)
	,
The Change	e is only to Fix the
Name of the	o osesiable He Has
NO middle	Name Leonard is
The Last NA	Name Leonard is me together (nex+ to Ramies
Change to:	Yusniel Leonard Raminez
	/
F. If an amendment provides for an exchange	reclassification, or cancellation of issued shares,
provisions for implementing the amendme	nt if not contained in the amendment itself:
(if not applicable, indicate N/A)	

•	
The date of each amendment(s) adoption:	, if other than the
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 block does ned document's effective date on the Department of	of meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CI)	ECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by th must be separately provided for each voting	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amer	dment(s) was/were sufficient for approval
by	<u>"</u> ."
(vo.	ing group)
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
Dated	
Signature	resul floxact anus
	ident or other officer – if directors or officers have not been
	rporator – if in the hands of a receiver, trustee, or other court
appointed fidu€iary	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	president
	(Title of person signing)