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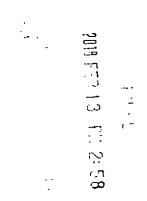
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Special Instructions to	Filing Officer:	
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C. GOLDEN FEB 1 4 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLOORCRO	ON INC					
DOCUMENT NUMBER: P017000094528						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	VALERIA PERROGON					
Name of Contact Person						
	FLOORCRON INC					
	Firm/ Company					
	1525 CURLEW AVE					
·	Address					
	NAPLES FL 34102					
	City/ State and Zip Code					
ODEAIR@HOT	I'MAIL.COM					
E-mail address: (to b	be used for future annual report notification)					
For further information concerning this matter, p	please call:					
VALERIA PERROGON	786 717-8670					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount ma	ade 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 Tallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation of

Fil.

2010 FEB 13 PT 2:58

FLOORCRON INC

(Name of Corporation as currently	filed with the Florida Dept. of State)
P1700009	94528
(Document Number of	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</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 office address:	
Name of New Registered Agent	
(Florida stree	vet address)
New Registered Office Address:	, Florida
(6	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second se	
Signature of New Re	egistered 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 = 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
I) Change	VP		WALTER R. MARTINEZ BOWLES	1525 CURLEW AVE
X Add				NAPLES FL 34102
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
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)
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)
SHAREHOLDERS HAVE % OF SHARES AS FOLLOWS: VALERIA PERROGON OWNS 90% AND WALTER R.
MARTINEZ BOWLES OWNS 10%

* * _* *	2/6/2018	
The date of each amendment(s) addate this document was signed.	loption:	, if other thar
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this capartment of State's records.	date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment flicient for approval.	i(s)
	roved by the shareholders through voting groups. The following stater each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	···	
•	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and sharehold	der
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
	2/6/2018	
Dated	() Rull	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other contended fiduciary by that fiduciary)	
	VALERIA PERROGON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

the

the