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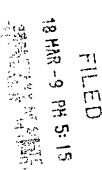
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: MCS Flooring, Inc	J	
DOCUMENT NUM	P18000012812	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Andrew Stellino		
		Name of Contact Person	n
	MCS Flooring, Inc.		
		Firm/ Company	
	766 Marble Way		
		Address	
	Boca Raton, FL 33432		
		City/ State and Zip Cod	e
T	r. O. tr.		,
aster	lino@ajfxconsulting.com	16.6.	
	E-mail address: (to be us	sed for future annual report	nourcauon)
For further information	n concerning this matter, pleas	se call:	
Andrew Stellino			305-7800
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
· · · · · · · · · · · · · · · · · · ·	iling Address endment Section		Address Iment Section
	ision of Corporations		nnem section on of Corporations
	. Box 6327		Building
Tal	lahassee, FL 32314	2661 E	Executive Center Circle
		Tallah	assee, FL 32301

Articles of Amendment to Articles of Incorporation of

MCS Flooring, Inc.		
(Name of Corporation	n as currently filed with the Florida Dep	t. of State)
P18000012812		
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:	
N/A		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d	" "Inc," or "Co". A professional corpor	orated" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADD		
		74 3
C. Enter new mailing address, if applicable:	NI/A	6 F
(Mailing address MAY BE A POST OFFICE BO)	X) <u>N/A</u>	
		# 3 □
		5. 0
		(4 m #
D. If amending the registered agent and/or register		me of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent N/A		
	(Florida street address)	
New Registered Office Address:		. Florida
THE RESERVE OF THE PARTY OF THE	(City)	(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi		
I hereby accept the appointment as registered agent.	l am familiar with and accept the obligation	ns of the position.
Signe	nture 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, 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 Jo	hn Doe	
X Remove	<u>v</u> <u>m</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	Illy Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u> s
1) Change	D	Richard Cohen	12445 Equine Lane
Add			Wellington, FL 33414
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
S) Chance			
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)	
N/A	
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)	
N/A	

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, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes case	for the amendment(s) was/were sufficient for approval
by	77
	(voting group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
03/06/201	8
Dated	
Signature(By a c	lirector, president or other officer – if directors or officers have not been
	ed, by an incorporator — if in the hands of a receiver, trustee, or other court
appoir	nted fiduciary by that fiduciary)
	Andrew Stellino
	(Typed or printed name of person signing)
	Director
	(Title of person signing)