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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GERMAN MARTINEZ CARPET FLOODING INC
DOCUMENT NUMBER: <u>\$18000035711</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GERMAN MAZTINEZ Name of Contact Person
2775 CATHEDRAL DR#Z44
Z775 CATHEDRAL DR#Z44 Address TALLAHASSEE FL, 37310 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GEZMAN MARTINEZ at (832) 705-0960 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) ☐ \$643.75 Filing Fee & ☐ \$52.50 Filing Fee & ☐ \$643.75 Filing Fee & ☐ \$6
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

Articles of Amendment

to

Articles of Incorporation

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GERMAN MAI	ZTINEZ	GAZPET	FLC	DIZI
(Name of Corporation as currently	filed with the Florida	Dept. of State)		4
P180000	35211			
(Document Number of C	Corporation (if known)	1		
Pursuant to the provisions of section 607,1006, Florida Statutes, this Fl its Articles of Incorporation:	lorida Profit Corporat	tion adopts the following	ig ainenc	iment(s) to
A. If amending name, enter the new name of the corporation:				
			_The	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Corp."	" "company," or "ir o". A professional c	acorporated" or the a orporation name must	ibbrevia contain	tion the
word "chartered," "professional association," or the abbreviation "P	.4. "	2)	E 🖺	?
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		125	, <u>F</u>	77
		<u> </u>	(2)	
				1
C. Enter new mailing address, if applicable:		135 135	<u></u>	G
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>		
				
D. If amending the registered agent and/or registered office address:	ess in Florida, enter t	he name of the		
new registered agent and/or the new registered office address:				
Name of New Registered Agent			-	
				
(Florida stre	et address)			
New Registered Office Address:		, Florida		
((Cuy)	(21)	o Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent—I am familiar w	ith and accept the obl	ligations of the position		
Signature of Very R.	egistered Agent, if cha	meine		
Signature of New York	cs on resem, y crit	oo		

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 John I	<u>00e</u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	<u>SV</u> <u>Sally S</u>	<u>imith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>_D</u>	LUIS HIGUEZOS	5695 CYPITESS CIP
X Add			TALLAHASSEE FL. 33303
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ticles, enter change(s) here: . (Be specific)		
		*·	
			
	 -		
		<u> </u>	
lf an amendment provides for an e	xchange, reclassification, or	cancellation of issued s	<u>hares,</u>
provisions for implementing the a	mendment if not contained	in the amendment itself:	<u>.</u>
)		
(if not applicable, indicate N/A			
(у погаррисавие, такжие пол			<u> </u>
(у погаррисавіе, іпаісате імя			
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(у погаррисавіе, іпаїсате імя			

The date of each amendment(s) adoption:, if other t	nan the
date this document was signed.	
Effective date <u>if applicable:</u> (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	l as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature (By a director, prevident or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
LUIS HIGUEROS	
(Typed or printed name of person signing)	
Title of person signing)	
(Title of person signing)	