P18000037843

(Re	questor's Name)	
bA)	dress)	
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(Cit	y/State/Zip/Phone	÷ #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: FLOORING BY F	UENTES INC	14
DOCUMENT NUMBE	R: P18000037843		
	Amendment and fee are sub	omitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
Λ	LVARO FUANTES TOMA	\S	
_		Name of Contact Person	
_		Firm/ Company	
3	810 5TH ST E APT 324		
_		Address	
<u>B</u>	RADENTON, FL 34208		
_	E-mail address: (to be us	City/ State and Zip Code	
For further information of	concerning this matter, pleas	se call:	
		941 at (592-4874
Name of	Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for t	the following amount made [payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 issee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLOORING BY FUENTES INC

(Name of Corporati	on as currently filed with the Flo	rida Dept. of State)	
P18000037843			
(Docum	nent Number of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corp	oration adopts the following amendme	nt(s) te
A. If amending name, enter the new name of the co	orporation:		
name must be distinguishable and contain the word "co" Inc., " or Co.," or the designation "Corp." "Inc. "chartered," "professional association," or the abbre	" or "Co". A professional corp	The new rporated" or the abbreviation "Corp" wording the word	,
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		er the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		Florida	
<u> </u>	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the	obligations of the position.	
Sign	ature of New Registered Agent, if a	changing	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Si	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP	_	QUEBEN HERRERA DE LEON	1019 34TH AVE W
Add				BRADENTON, FL 34205
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
<i>δ</i>) Change				
Add				
Remove				

	(Be specific)	<u>) here</u> :		
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provisions for implementing the ame	hange, reclassification medication in the manual in the ma	sined in the amendu	nent itself:	
f an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification endment if not conta	ined in the amendn	nent itself:	
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provisions for implementing the ame	hange, reclassification and ment if not conta	ined in the amendn	ent itself:	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this block does not meet the applicable statutory filing requiren document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without sha action was not required.	reholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amendation.	wing statement ment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
08/15/2022 Dated	
Signature Tomas Fulntes	
(By a director, president or other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
ALVARO FUENTES TOMAS	
(Typed or printed name of person signing)	-
PRESIDENT	

(Title of person signing)