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2018 JUL-9 PH 12: 00
SECRETARY OF STATE

G GOLDEN
JUL 1 1 2018

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ___ DOCUMENT NUMBER: P18000039978 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIA F NAZARIO Name of Contact Person MONZA FLOORING INC Firm/ Company 6142 CORSON AVE Address NEW PORT RICHEY, FL 34653 City/ State and Zip Code MONZAFLOORING@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (347) 750-4348

Area Code & Daytime Telephone Number MARIA F NAZARIO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee S35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

MONZA FLOORING INC

2018 JUL -9 PM 12: 00

18000039978	on as currently filed with the Florida Dept. of State CRETARY OF ST
	nent Number of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the con	rporation:
	The new
me must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp, ord "chartered," "professional association," or the c	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
Enter new principal office address, if applicables rincipal office address MUST BE A STREET ADD	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)
If amending the registered agent and/or registernew registered agent and/or the new registered of	red office address in Florida, enter the name of the office address:
new registered agent and/or the new registered	
Name of New Registered Agent	
Name of New Registered Agent	(Florida street address)
	(Florida street address), Florida (City) (Zip Code)

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MILTON A MOLINA	6142 CORSON AVE
XXX Add			NEW PORT RICHEY, FL 34653
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding (Attach additional sheet)	g additional Articles, enters, if necessary). (Be sp	er change(s) lecific)	<u>here</u> :			
						
						
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provisions for imple (if not applicable	vides for an exchange, rementing the amendment re, indicate N/A)	if not contain	ed in the amen	n or issued sna dment itself:	res.	
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	07/02/2018	
The date of each amendmen	t(s) adoption:	, if other than
date this document was signed		
Effective date if applicable:	07/02/2018	
Enective date in applicable.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed a
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
,	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
07/0: Dated	2/2018	
Signature <u>ø</u>	Mana Dawio	
S	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popinted fiduciary by that fiduciary)	
	MARIA F NAZARIO	
	(Typed or printed name of person signing)	
	PRES	
	(Title of person signing)	