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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CORONA CARPI	ET SPECIALIST INC	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	ROBERTO GONZALEZ		
		Name of Contact Persor	1
	TAXSMART ACCOUNTIN	G SERVICES LLC	
		Firm/ Company	
	6653 POWERS AVE STE 13	36	
		Address	
	JACKSONVILLE,FL 32217		
		City/ State and Zip Code	2
TAX:	SMARTCORP@GMAIL.CO	M	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ROBERTO GONZAI	EZ	at (	733-0027
Name (	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	τ the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	₹ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, F1, 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CORONA	CARPET	SPECIALIST INC	
			_

(Name of Corporation as current P18000041845	ly filed with the Florida Dept, of State)
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
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 word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
D. F. A	20
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Z ===
. ,,	<u>Q</u>
	- D   1 (
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ق ق
Manage and cos Manage and Manage	222
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>5:</u>
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	Florida
	(Cir <sub>j</sub> ) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent l hereby accept the appointment as registered agent. I am familiar	
Signature of New 1	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.

Example: X Change	<u>PT</u>	John Doc	
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	AS	JOSE CORONA .	3485 DOCKSIDER DRIVE N
Add			JACKSONVILLE, FL 32257
X Remove			
2) Change	<u>s</u>	JUAN A CORONA	1680 SANDY HOLLOW LOOP
Add			MIDDLEBURG, FL 32068
X Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)		
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f an amendment provides for an exch	anna waalayaifaasian ay ann	calleties of issued shapes	
provisions for implementing the ame	ange, rectassification, or can adment if not contained in th	e amendment itself:	
(if not applicable, indicate N/A)			
	···		

	10/28/2019	
The date of each amendment(s date this document was signed.	e) adoption:	, if other than th
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date we Department of State's records.	ill not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/28/2 Dated		
Signature	Dogne	
(By selo	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	DULCE CORONA	
	(Typed or printed name of person signing)	<del> </del>
	PRESIDENT	
	(Title of person signing)	