P180000416625

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALVARADO AR	PRO FLOORING SERVIC	ES INC		
	IBER: P18000046625				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	AIDA ROJAS				
		Name of Contact Persor)		
	ALVARDO AR PRO FLOOI	RING SERVICES INC			
		Firm/ Company			
	5001 ABERDEEN CT				
		Address			
	TAMPA FL 33624				
	City/ State and Zip Code				
	MILENAROJAS7327651@YAHOO.COM				
	_	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
AIDA ROJAS		at (813	3001786 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	irtment of State:		
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address ment Section of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

ALVARADO AR PRO FLORING SERVICES INC

of

(<u>Name</u> e	of Corporation as currer	tly filed with the Florida Do	ept.20 state) 7: 0 ·
P18000046625			***
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
ALVARADO AR REMODELING SER	VICE INC		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	d" or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address,	if annlicable:	5001 ABERDEEN CT	
(Principal office address MUST BE A S		TAMPA FL 33624	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		5001 ABERDEEN CT	
		TAMPA FL 33624	
D. If amending the registered agent at new registered agent and/or the new Name of New Registered Agent			name of the
		street address)	22/24
New Registered Office Address:	5001 ABERDEEN CT TAMPA		Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			ions of the position.
	Signature of New	Registered Agent, if changing	g
Check if applicable			

 \square 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.

X Change	<u>PT</u>	<u>John Da</u>	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		N/A
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				<u> </u>
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	idding additional Ar I sheets, if necessary)	. (Be specific)	Patal irang.			
•	COMPANY'S NAMI		.			
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16	it provides for an <u>ex</u>	-b	autiam an aonaalle	sainm of incread ob	arac	
provisions for i	mplementing the an	nendment if not co	ontained in the ar	nendment itself:	ares,	
(if not appli	icable, indicate N/A)					
	<u> </u>					
					.	

The date of each amendment(s) ad	01/01/2023 option:	, if other than the
date this document was signed.		
	/2023	
Effective date <u>if applicable</u> :	1 60 1 5 1 61 1 40	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amend ficient for approval.	lment(s)
☐ The amendment(s) was/were appropriately provided for e	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	statement }:
"The number of votes east t	or the amendment(s) was/were sufficient for approval	
bv	·*	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
01/17/2023 Dated	The state of the s	
selected	rector, president or other officer — if directors or officers have not, by an incorporator — if in the hands of a receiver, trustee, or other diduciary by that fiduciary)	
	AIDA ROJAS	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	-