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SEP 0 6 2019 S. YOUNG

COVER LETTER &

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: RJ FLOORS INC				
DOCUMENT NUMBE	R: P18000055451				
	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
L	UCIMAR V. MUSCH				
_		Name of Contact Person	n		
L	LM ACCOUNTING & pAYROLL SERVICES IIc				
		Firm/ Company			
42	4221 BAYMEADOWS RD, SUITE 14				
_		Address			
J.	ACKSONVILLE, FL 32217	7			
		City/ State and Zip Cod	e		
LMPAY	'ROLL13@GMAIL.COM				
,	*	sed for future annual report	notification)		
For further information of	oncerning this matter, pleas	se call:			
LUCIMAR V. MUSCJ		904 at (699-663-4		
Name of	Contact Person		de & Daytime Telephone Number		
Enclosed is a check for t	he 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio	Address Iment Section on of Corporations Building		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

RJ FLOORS INC

(Name o	f Corporation as curren	tly filed with the Florida Dep	t. of State)	
Pursuant to the provisions of section 607.		of Corporation (if known)	donts the following amendment(s) to	
its Articles of Incorporation:	1000, Florida Statutes, un.	s i mida i roja Corporanos a	dopts the following amendment(s) to	
A. If amending name, enter the new na	me of the corporation:			
			The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional associations."	ation "Corp," "Inc," or	"Co". A professional corpor		
B. Enter new principal office address, i	f applicable:	6201 PENDRAGON PLACE		
(Principal office address MUST BE A STREET ADDRESS)		JACKSONVILLE, FL 32258		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
		6201 PENDRAGON PLACE		
		JACKSONVILLE, FL 32258		
D. If amending the registered agent and new registered agent and/or the new			me of the	
Name of New Registered Agent	LMACCOUNTING & P.	AYROLL SERVICES LLC		
	4221 BAYMEADOWS RD, SUITE 14			
	(Florida street address)			
New Registered Office Address:			_, Florida	
	(City)		(Zip Code)	
New Registered Office Address:	•	treet address) (City)	_, Florida 32217 (Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		ıt:	(Zip Code)	

Signature of New Registered Agent, if changing

AUS 23 AH 8 12

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	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Salty Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
l) Change	PT	REGINALDO SILVA	11547 GWYNFORD LANE	
Add P Remove			JACKSONVILLE, FL 32223	
2) X Change	P	HUBERLA F. PIRES	6201 PENDRAGON PLACE	
Add			JACKSONVILLE, FL 32258	
Remove 3) Change	VP	THIAGO H. AZEVEDO CRUZ	6201 PENDRAGON PLACE	
X Add			JACKSONVILLE, FL 32258	
Remove				
4) Change		_		
Add				
5) Change				
Add			 	
Remove				
6) Change				
Add				
Remove				

	or adding additions ional sheets, if necess	sary). (Be specific)			
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					<u> </u>
					
					
				<u>.</u>	
					
-					
· -					
		-			
Can amand	mant manidus for a	un ovahunga nadawai	Gaatian on oursell	ation of laws ad about	
provisions	for implementing th	in exchange, reclassi he amendment if not	contained in the a	nendment itself:	<u>5,</u>
(if not a	applicable, indicate N	V/A)			

The date of each amendment(s) adopted date this document was signed.	on:	, if other than the
Effective date if applicable:		
	(no more than 90 days after	amendment file date)
Note: If the date inserted in this block document's effective date on the Departs		ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		votes east for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting a voting group entitled to vote separate	
	he amendment(s) was/were sufficient	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without sha	reholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareho	lder action and shareholder
08/19/2019 Dated Signature		
(By a direct selected, by	or, president or other officer – if direct an incorporator – if in the hands of a duciary by that fiduciary)	
HU	BERLA F. PIRES	
	(Typed or printed name of per	son signing)
PRI	ESIDENT	
	(Title of person sig	gning)