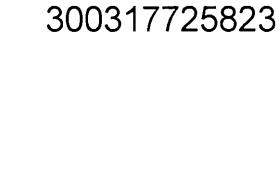
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OSORIO'S F	FLOORING & MORE INC	
DOCUMENT NUMBER: P18000068778	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and fee :	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
SARA FLOREZ		
	Name of Contact Person	n
FLOREZ ACCOUNTII	NG & TAX SOLUTIONS,INC	
	Firm/ Company	
8051 N TAMIAMI TRA	AIL STE A9	
	Address	
SARASOTA, FL 3424	3	
	City/ State and Zip Cod	e
SFACCOUNTINGSOLUTION	ONS@YAHOO.COM	
E-mail address: (to	be used for future annual report	notification)
For further information concerning this matter.	please call:	
SARA FLOREZ	at (<u>941</u>	351-9727
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Depa	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Address
Amendment Section		Iment Section
Division of Corporations		on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



OSORIO'S FLOORING & MORE INC

2018 SEP -5 PM 1: 07

(Name of Corporation as	s currently filed with the Florida Dept-of State) STATE
P18000068778	TALLAHASSEE, FL
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	stutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpor	ration:
	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
maning data can be seen to be see	
	
D. If amending the registered agent and/or registered o	
new registered agent and/or the new registered offic	<u>:e address:</u>
Name of New Registered Agent	
((Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:
I hereby accept the appointment as registered agent. I am	i familiar with and accept the obligations of the position.
Signature	e of New 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	PT	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>		Address
1) Change	P	OSORIO	, SARA	404 59th AVE DR W
Add				BRADENTON, FL 34207
X Remove				
2) Change	Р	OSORIO), SANTIAGO	404 59th AVE DR W
X Add				BRADENTON, FL 34207
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	(Be specific)			
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provisions for implementing the am	hange, reclassification	, or cancellation of is ed in the amendment	sued shares, t itself:	
an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification endment if not contain	, or cancellation of is led in the amendment	sued shares, t itself:	
provisions for implementing the am	hange, reclassification endment if not contain	, or cancellation of is led in the amendmen	ssued shares, t itself:	
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f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification endment if not contain	or cancellation of is	sued shares, t itself:	

	08/10/2018	
The date of each amendment(s)	adoption:	, if other than
date this document was signed.	8/10/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided j	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 ca	ust for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.	dopted by the incorporators without shareholder action and shareholder	
08/27/20 Dated)18	
	autorenda	
(By a	director, president of other officer - if directors or officers have not been	
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	OSORIO SANTIAGO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	