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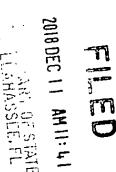
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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C. GOLDEN

DEC 1 8 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: RIVAS' FLOOR B	NC.	
	MBER: <u>P \$ 000</u>		
The enclosed Articl	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	ROSA A. RIVAS		
		Name of Contact Person	1
	RIVAS' FLOOR INC.		
		Firm/ Company	
	2220 NW JUANITA PL		
		Address	
	CAPE CORAL, FL 33993		
		City/ State and Zip Cod	e
RJ	BUSINESS@GMAIL.COM		
	-	sed for future annual report	notification)
For further informa	tion concerning this matter, pleas	se call:	
ROSA A. RIVAS		at (<u>23</u> 9	895-7950
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 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)
A 13 p	Tailing Address Imendment Section Division of Corporations IO. Box 6327 Tallahassee, FL 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

FILED

RIVAS' FLOOR INC.

2018 DEC 11 AM 11: 41

(8)	All Clad mids at a Clamida Dana of Canan
	tly filed with the Florida Dept. of State) STATE
18000072992	TALLAHASSEE, FL
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
λ / / N.	
name must be distinguishable and contain the word "corporati "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
	5226 SUNNYBROOK CT
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	CARL CODAL DL 22004
,	CAPE CORAL, FL 33904
C. Enter new mailing address, if applicable:	5226 SUNNYBROOK CT
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	CARCOONAL EL 22004
	CAPE CORAL, FL 33904
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address.	
A / -	<u> </u>
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address: \\ \int \int \int \tag{A}	. Florida
The state of the s	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	itt.
Thereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.
N/A	
Signature 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.

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>	Address
1) Change	CEO	PERCIVAL SAAVEDRA	15271 BALLAST POINT DR
X Add			FORT MYERS, FL 33908
Remove			#4221
2) Change	CFO	JENIFFER D. ZELAYA	15271 BALLAST POINT DR
X Add			FORT MYERS, FL 33908
Remove			#4221
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			
IXCHIOVE			<u> </u>

atach <i>additional sh</i> e	ng additional Arti vets, if necessary).	(Be specific)				
N/A						
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an amendment pr	ovides for an excl	iange, reclassifi	ication, or cane	ella <u>tion</u> of is <u>sued</u>	shares,	
provisions <u>for i</u> mpl	ementing the ame	ndment if not c	ontained in the	amendment itse	lf:	
(if not applicable	e, indicate N/A)					
N/A						- <u>-</u>
						
						
		- <u>-</u> -				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
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) 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 c	ast for the amendment(s) was/were sufficient for approval	
by		
	(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	
12/05/2 Dated		
Signature 7	Posa ARIVAS	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	ROSA A. RIVAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	