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Amend CCLS

OCT 2 4 2018
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: 3Floors Inc		
DOCUMENT NUME	DIRAMATRAAS	······································	
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Oscar Sanchez		
		Name of Contact Person	ח
	3Floors Inc		
		Firm/ Company	
	726 Ne 26th Ter		
		Address	
	Ocala, Fl 34470		
	·····	City/ State and Zip Code	
Oscsar	ı@yahoo.com		
		sed for future annual report	notification)
	1. Harradiness, (to be a	sea for fatare annual report	nomicationy
For further information	concerning this matter, pleas	se call:	
Oscar Sanchez		at (352	3613966
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amendi Division Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

3Floors Inc	
(Name of Corporation as current	v filed with the Florida Dept. of State)
P18000078205	
(Document Number o	f 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) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	
(Florida str.	eet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	

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 D	<u>oc</u>	
X Remove	<u>V</u>	Mike Je	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	D	_	Carlos Alberto Sanchez	726 NE 26th Ter
xxx Add				Ocala,FL 34470
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

amending or adding additional Ar ttach additional sheets, if necessary),	. (Re specific)			
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		<u>.</u>		
n amendment provides for an excl	hange, reclassificat	ion, or cancellatio	on of issued shar	os.
ovisions for implementing the ame (if not applicable, indicate N/A)	endment if not cont	ained in the ame	idment itself:	<u> </u>
(i) not applicable, materie 1974)				
			····	
				- · · · · · · · · · · · · · · · · · · ·
				
				

The date of each amendment(s) adoption: date this document was signed.	, if other than the
10/03/2018 Effective date if applicable:	
(no more than 9t) days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
rvoting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 10/03/2018	
Signature	
(By a director, president or other officer - it directors or officers have not been selected, by/an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Oscar F Sanchez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	