73/2019

Civision of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

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Account Name : TAX ZONE INC. Account Number : I20190000044 : (407)888-3131 : (888)453-0509 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

DEC 0 5 2019

COR AMND/RESTATE/CORRECT OR O/D RESIGN J. AMADOR FLOORING INC

Certificate of Status	0
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Help

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18884530509 From: Tax Zone

COVER LETTER

NAME OF CORPORATION: 1 AMADOR FLOORING INC	TO: Amendment Secti Division of Corpo			
The enclosed Articles of Amendment and fee are submitted for filing. Flease return all correspondence concerning this matter to the following: JASON AMADOR Name of Contact Person J. AMADOR FLOORING INC Firm/ Company 1813 HIGHNESS CT Address ORLANDO, FL 32810 City/ State and Zip Code JASONAMADOR994@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JASON AMADOR Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Certificate of Status Certified Copy (Additional copy is Certificate of Status Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 12314 Street Address Amendment Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 12314 Street Address Amendment Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 12314 Nonroe Street, Suite 810	NAME OF CORPOR	ATION: J AMADOR FLOC	PRING INC	
Flease return all correspondence concerning this matter to the following: JASON AMADOR				
JASON AMADOR J. AMADOR FLOORING INC Firm/ Company 1813 HIGHNESS CT Address ORLANDO, FL 32810 City/ State and Zip Code JASONAMADOR994@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JASON AMADOR Name of Contact Person at 407 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is certified Copy (Additional copy is enclosed) Mailling Address Amendment Section Division of Corporations P. O. Box 6327 Tallahassec, FL 32314 Street Address Amendment Section Division of Corporations P. O. Box 6327 Tallahassec, FL 32314 2415 N. Monroe Street, Suite 810	The enclosed Articles	of Amendment and fee are su	bmitted for filing,	
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ORLANDO, FL 32810 City/ State and Zip Code JASONAMADOR994@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JASON AMADOR Name of Contact Person at (407 867-7466 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, I'L 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810-		1813 HIGHNESS CT	- 1 7	
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Articles of Amendment to Articles of Incorporation of

(Name of Corporation	s currently filed with the Florida Dept. of State)
P19000001959	
(Docume	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the cor	ration:
	Тhе него
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp." "Inc," "chartered," "professional association," or the abbrevi	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word ion "P.A."
3. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDI	<u>ss</u>)
	- 1: O
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
	·
	S S S S S S S S S S S S S S S S S S S
 If amending the registered agent and/or registere new registered agent and/or the new registered of 	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Lip Code)
New Registered Agent's Signature, if changing Registered agent. I	red Agent: I familiar with and accept the obligations of the position.
	e of New Registered Agent; if changing

K 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	PT	John Doe		
X Remove	<u>Y</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
i) Change	VP	JESSE AMADOR	1813 HIGHNESS CT	
X Add			ORLANDO, FL 32810	
Remove				
2) Change				
Add			<u> </u>	
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5) Change				
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F. If an amendment provides for provisions for implementing (if not applicable, indicate	the amendment if not contained in the amendment itself;	
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provisions for implementing (if not applicable, indicate	Page 3 of 4	
provisions for implementing (if not applicable, indicate	the amendment if not contained in the amendment itself: N/A)	
The date of each amendment(s) adate this document was signed.	Page 3 of 4	

To:

H190003492573

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)
U The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes east for the amendment(s) ent-for approval.
	ed by the shareholders through voting groups. The following statement is voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approval
by	(voling group)
	(voling group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated 12-03-2019	17
Signature	
selected, by	or, president or other officer — if directors or officers have not been an incorporator — if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
JAS	ON AMADOR
	(Typed or printed name of person signing)
PRI	SIDENT
(Titl	c of person signing)