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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Josefut Flooring Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Josefat Flooring Inc Firm/ Company Pack FL 32571

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

Ar	rticles of Incorporatio	on pa
T	of	
Josafat Fla	Tima T	W
(Name of Corporation	as currently filled wi	th the Florida Dept. of State) 2: 05
£19000003	5515	SECRIT OF SECRE
(Documer	nt Number of Corporat	SECRET SE
arsuant to the provisions of section 607.1006, Florida S Articles of Incorporation:		
. If amending name, enter the new name of the corp	ooration:	
		The new
ame must be distinguishable and contain the word Corp.," "Inc.," or Co" or the designation "Corp," ord "chartered," "professional association," or the ab	"Inc," or "Co". A p	pany," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1	
(aming dualess MITT BE 11.1 OBT OF THE HOLD		
If amending the registered agent and/or registered		orida, enter the name of the
new registered agent and/or the new registered of	nce audress:	
Name of New Registered Agent		
	(Florida street address)
N. D. C. LOW ALL		Placif.
New Registered Office Address:	(City)	, Florida (Zip Code)
	,,	,
ew Registered Agent's Signature, if changing Regist	tered Agent:	
hereby accept the appointment as registered agent. I a		ccept the obligations of the position.
		· ·

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.

Example: X Change	<u>PT</u>	John Do	<u>κ</u>		
X Remove	<u>v</u>	Mike Jo	nes		
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	VP	_	Deisy Gundalupe Zimela	4206	Jet Dr.
Add			-	Pace	FL 32571
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		-			
Add					
Remove					

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)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date 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 by the shareholders was/were sufficient for approval.	rt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state, must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east for the amendment(s) was/were sufficient for approval	
by;" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated <u> </u>	
Signature OSa Fat OV	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	