P1900002:	2626			
(Requestor's Name) (Address) (Address)	500329843095			
(City/State/Zip/Phone #)	06/03/1901005009 ★*35.00			
(Business Entity Name) (Document Number)				
Certified Copies Certificates of Status Special Instructions to Filing Officer:	5 20			
	SECREMENTS OF STALLAHASSEE, FL			
Office Use Only				



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TO: Amendment Section

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Division of Corporations

NAME OF CORPORATION: ______Floors 4 U 2 Inc.

DOCUMENT NUMBER: P19000022626

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nola Ricci

Name of Contact Person

Worksite Financial Services LLC

Firm/ Company

2579 N. Toledo Blade Blvd

Address

North Port, FL 34289

City/ State and Zip Code

nolar@worksitefs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nola Ricci

Name of Contact Person

_ at (_____) _____ 677-0110 Area Code & Daytime Telephone Number

/Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

S43.75 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)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Floors 4 U 2 Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

 N/Λ

P19000022626

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(its Articles of Incorporation:

A. If amending name, enter the new name of the corporation;

N/A

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)

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N/A	JUN -
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D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

			· · · · · · · · · · · · · · · · · · ·	
<u>New Registered Office Address</u> :		(Florida street address)		
	N/A SST		. Florida	
		(City)	(Zip Cod

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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 = CExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each cheld. 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. The 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 Cha-Mike Jones, V as Remove, and Sally Smith, SV as an Add.

<u>X</u> C	hange	<u>PT</u>	John Doe	
<u>X</u> R	emove	\underline{V}	Mike Jones	
<u>_X</u> ^	vdd	<u>SV</u>	Sally Smith	
	of Action :k One)	Title	Name	<u>Addres</u> s
1)	Change	Т 	Edward Grassi	2148 Country Club Blvd.
X	Add			Cape Coral, FL 33990
	Remove			
2)	Change			
	Add			
	Remove			
3)_	Change			
	Add			
	Remove			····
4)	Change			
	Add			
	Remove			
5)	Change			
	Add			
<u></u>	Remove			·
6)	Change	<u>-</u>		
	Add			
	Remove			

	adding additional Articles, ente			
(Auach addition	al sheets, if necessary). (Be spec	rific)		
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 <u>II an amendme</u> provisions for 	nt provides for an exchange, rec implementing the amendment if	<u>fassification, or canc</u> i not contained in the	amendment itself:	ires,
(if not app.	licable, indicate N/A)			
N/A				
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The date of each amendment(s)	03/11/ adoption:					, if other that
late this document was signed.						
03 Offective date <u>if applicable</u> :	/11/2019					
	()	no more tha	in 90 days aft	er amendmen	t file date)	
Note: If the date inserted in this locument's effective date on the I				ntory filing re	quirements, thi	s date will not be listed a
Adoption of Amendment(s)	(CHEC	<u>CK ONE</u>)				
The amendment(s) was/were a by the shareholders was/were			The number of	of votes cast f	for the amendme	ent(s)
The amendment(s) was/were a must be separately provided for						
"The number of votes ca	st for the amendm	nent(s) was/	were sufficie	nt for approva	al	
by						
	(voting	group)				
The amendment(s) was/were a action was not required.	dopted by the inc	orporators	without share	holder action	and shareholde	۲.
Dated 4	4/19					
	director, presider			rectors or offi	cers have not h	
selec	ted, by an incorpo inted fiduciary by	orator – if i	n the hands of			
	Richard Vogel	ı ç	Rich	Ard	$\bigvee z$	いったし
	(Ту	ped or prin	ted name of p	erson signing	;)	2
	President		Licha	rd	Ver	il
;		(Ti	itle of person	signing)		

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