P190000 84675

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: BCF FLOOR, INC. DOCUMENT NUMBER: P19000084675 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: COSMIN VIOREL FLUERAS Name of Contact Person BCF FLOOR, INC. Firm/ Company 340 W FLAGLER ST APT 1803 Address MIAMI, FL 33130 City/ State and Zip Code NAKEFLOOR@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _ at (786) 240-7583 Area Code & Daytime Telephone Number COSMIN VIOREL FLUERAS Name of Contact Person 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Document Number (ly filed with the Florida Dept. of State) of Corporation (if known)	2 611 5. ro
	of Corporation (if known)	61/2/
	of Corporation (if known)	1.
Florida Statutes, this	Florida Profit Corporation adopts the follow	ring amendment(s)
the corporation:		
		The new
"Inc," or "Co".	A professional corporation name must com	tion "Corp.,"
licable:	340 W FLAGLER ST APT 1803	
	MIAMI, FL 33130	
		<u>-</u>
able: 340 W FLAGLER ST APT 1803		
	MIAMI, FL 33130	
V FLAGLER ST AP	T 1803	
(Florida st	reet address)	
ИI	, Florida ³³¹³⁰	
		ip Code)
	"Inc," or "Co". cabbreviation "P.A. licable: TADDRESS) CE BOX egistered office addres MIN VIOREL FLUI V FLAGLER ST AP	ord "corporation," "company," or "incorporated" or the abbrevia "Inc," or "Co". A professional corporation name must come abbreviation "P.A." 340 W FLAGLER ST APT 1803 MIAMI, FL 33130 340 W FLAGLER ST APT 1803 MIAMI, FL 33130 SEE BOX MIAMI, FL 33130 Segistered office address in Florida, enter the name of the stered office address: MIN VIOREL FLUERAS V FLAGLER ST APT 1803 (Florida street address)

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u> P</u>	IULIAN GRIGORE	1114 NE 2ND STREET
Add			HALLANDALE, FL 33009
X Remove			
Change	P	COSMIN VIOREL FLUERAS	340 W FLAGLER ST APT 1803
X Add			MIAMI, FL 33130
Remove 3) Change			
Add			
Remove			 -
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

	ry). (Be specific)			
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If an amendment provides for an	exchange, reclassific	cation, or cancellatio	on of issued shares,	
provisions for implementing the	amendment if not co	cation, or cancellation	on of issued shares, adment itself:	
If an amendment provides for an provisions for implementing the (if not applicable, indicate No	amendment if not co	cation, or cancellatic ontained in the amei	on of issued shares, adment itself:	
provisions for implementing the	amendment if not co	cation, or cancellation on tained in the ame	on of issued shares, adment itself:	
provisions for implementing the	amendment if not co	cation, or cancellation on tained in the ame	on of issued shares, adment itself:	
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If an amendment provides for an provisions for implementing the (if not applicable, indicate No	amendment if not co	cation, or cancellation ontained in the ame	on of issued shares, adment itself:	
provisions for implementing the	amendment if not co	cation, or cancellation ontained in the ame.	on of issued shares, adment itself:	
provisions for implementing the	amendment if not co	cation, or cancellation the ame	on of issued shares, adment itself:	

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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
09/10/2020	
Effective date if applicable: (no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of direction was not required.	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate	
"The number of votes east for the amendment(s) was/were sufficient	for approval
by	."
(voting group)	
09/10/2020	
Dated	
Signature	
(By a director, president or other officer – if direct selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
COSMIN VIOREL FLUERAS	
(Typed or printed name of per	son signing)
PRESIDENT	
(Title of person signing)	