

P20000029084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

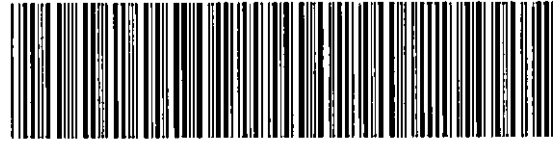
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S. CHATHAM  
JUL 14 2023

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JUL 14 2023  
CHATHAM

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: JM Floors Incorporated

DOCUMENT NUMBER: P20000029084

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

Please return all correspondence concerning this matter to the following:

Leonard Titone, MBA CPA

Name of Contact Person

CPA Tax Advisors Inc

Firm/ Company

12995 S Cleveland Ave Ste 160

Address

Fort Myers, FL 33907

City/ State and Zip Code

admin@cpataxadvisors.net

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

For further information concerning this matter, please call:

Leonard Titone at ( 855 ) 740-1040  
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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

JM Floors Incorporated

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

P20000029084

(Document Number of Corporation (if known))

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

**A. If amending name, enter the new name of the corporation:**

Mee Floors and More *Inc.*

*The new 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. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

1619 Chesire Cir E

Lehigh Acres, FL 33936

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

1619 Chesire Cir E

Lehigh Acres, FL 33936

**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:**

Name of New Registered Agent NA

(Florida street address)

New Registered Office Address: NA

Florida

(City)

(Zip Code)

**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.*

NA

*Signature of New Registered Agent, if changing*

**Check if applicable**

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

E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

NA

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  
provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

NA

2023 MAY 22 PM 2:39

17 MAY 2023

Articles of Amendment  
to  
Articles of Incorporation  
of

JM Floors Incorporated

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

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(Document Number of Corporation (if known))

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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:**

Name of New Registered Agent NA

(Florida street address)

New Registered Office Address: NA, Florida

(City) (Zip Code)

**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.*

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Signature of New Registered Agent, if changing

**Check if applicable**

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NA

2023 MAY 22 PM 2:39  
FBI

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NA