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SECRETARY OF STATE

2020 DEC | 4 AM 7: 5

12/15/20

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: FLORI REMODE	LING AND DESIGN INC	•
	1BER: P20000037531		
	es of Amendment and fee are si	abmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	FLORIAN ASLLANI		
		Name of Contact Perso	n
	FLORI REMODELING & D	DESIGNS INC	
		Firm/ Company	
	1030 GARRISON DR	• •	
		Address	
	ST AUGUSTINE FL 32092		
		City/ State and Zip Cod	ť
	NAGDAY@AOL.COM		
	-	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call: at (662-7203
Name of Contact Person		Area Coo	de & Daytime Telephone Number
inclosed is a check fi	or the following amount made p		, , , , , , , , , , , , , , , , , , , ,
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amendi Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee E. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2020 DEC 14 AM 7: 50

FLORI REMODELING & DESIGNS INC

(Name of Corporation as curr	ently filed with the Florida DesSECSfates RY OF STATE
P 20000037531	IALLAPASSEE, FL
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	
tame must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	". A professional corporation name must contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
If amending the registered agent and/or registered office and/or the new registered office add	address in Florida, enter the name of the iress:
Name of New Registered Agent	
Florid	da street adáress)
New Registered Cifice address.	Florida
THE ACCIDITION OF THE PROPERTY	(City) (Z:p Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am famil	gent: liar with and ascept the obligations of the position.
Stranger of V.	ew Registered Agent, if changing
Signature (y Se	en to giotero agunt grunnging
heck if applicable	

LI 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:

(Anach 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 = ChiefExecutive Officer; CEO = 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	<u>John De</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
<u>X</u> Add	\underline{SV}	Sally Si	nith	
Type of Action (Check One)	Title		<u>Nams</u>	Address
1) Change	VP		BEKTASH ZERE	1030 GARRISON DR
X Add		_		ST AUGUSTINE F1, 32092
Remove				
2) Change		_	····	
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
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Remove				
51 Change		_		
Add				
Remove				
6) Change		_		
Add		_		
Remove				 ·
INCHIOVU				

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)		lding additional Ar sheets, if necessary)	. (Be specific)				
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	10/14/2020	, if other than the
The date of each amendment(s) addene this document was signed.	/2020	
Effective date if applicable:	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
	(no more than 90 days after amendment file date	,
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable stauttory filing requirement partment of State's records.	ts, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareh	older action and shareholder
by the shareholders was/were su	pted by the shareholders. The number of votes cast for the an fficient for approval.	nendment(s)
amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The follow each voting group emitted to vote separately on the amendme	ing statement out(s):
	for the amendment(s) was/were sufficient for approval	
1	·"	
pi.	(voting group)	
10/24/2020		
Dated		
Signature	20.	
(By a < selecte	irector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of the fiduciary by that fiduciary)	e not been r other court
	FLORIAN ASLLANI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	