## P20000062729

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MILIAN FLOORI	NG CORP			
DOCUMENT NUM	P20000062720				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	RAEMONA J PIZARRO MI	LIAN			
	Name of Contact Person				
	Firm/ Company				
	4902 N MACDILL AVE AP	T 918			
	Address				
	TAMPA FL 33614				
	City/ State and Zip Code				
	MILIAN1206@OUTLOOK.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
RAEMONA J PIZAF	RRO MILLIAN	at ( <sup>941</sup> 565	5382		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 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)		
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

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

(Ivame of Corporation as Curre	this med with the Plorida	Dept. of State)
MILIAN FLOORING CORP P20000062729		-
(Document Number	er of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	his <i>Florida Profit Corporatio</i>	on adopts the following amendment(s
. If amending name, enter the new name of the corporation	i	_
ame 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	The new ted" or the abbreviation "Corp.," on name must contain the word
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2023
(M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		: :
		<u> </u>
. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		name of the ≳
Name of New Registered Agent		
(Florida	ı street address)	
New Registered Office Address:	(City)	. Florida (Zip Code)
ew Registered Agent's Signature, if changing Registered Ag hereby accept the appointment as registered agent. I am famili		tions of the position.
Signature of New	w Registered Agent, if changi	ng
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	1) (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)

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 = 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.

X Change	<u>PT</u>	John Doe	
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) X Change	P	RAEMONA J PIZARRO MILIAN	4902 N MACDILL AVE APT 918
Add			TAMPA FL 33614
Remove			
2) Change	_		
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Pamova			

	(Be specific)			
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			f : d . b	
If an amendment provider for an eve				
If an amendment provides for an exclusions for implementing the ame	hange, reclassificat endment if not con-	tained in the ame	ndment itself:	<u>.</u>
provisions for implementing the ame	hange, reclassificatendent if not con	tained in the ame	ndment itself:	•
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassificatendment if not con	tained in the ame	ndment itself:	
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provisions for implementing the ame	hange, reclassificate	tained in the ame	ndment itself:	
provisions for implementing the ame	hange, reclassificate	tained in the ame	ndment itself:	

The date of each amendment(	s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	09/02/2020	
Enterive date in applicable.	(no more than 90 days after amendme	nt file date)
	is block does not meet the applicable statutory filing repeatment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast e sufficient for approval.	for the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the	
"The number of votes	east for the amendment(s) was/were sufficient for appro	val
by		·"
	(voting group)	
09/02/2	020	
Dated	ab/ oti:	
Signature	And Hotel	
	a director, president or other officer – if directors or off	icers have not been
sel	ected, by an incorporator – if in the hands of a receiver,	
арр	ointed fiduciary by that fiduciary)	
	RONY O MILIAN MORALES	
	(Typed or printed name of person signin	g)
	PRESIDENT	
	(Title of person signing)	