# P2100003319

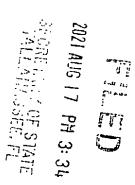
	(Requestor's Name)
-	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





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A. Butter

## COVER LETTER

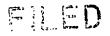
**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MICOFLOR INC		
DOCUMENT NUMBE	P21000003310	· <u>-</u>	
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
	N	IICOLAS DA GRACA DE	EBRITO
••••		Name of Contact Perso	n
_		Firm/ Company	
		1841 SW 82ND PLAC	E
_	-	Address	<del></del>
_		MIAMI, FL 33155	
		City/ State and Zip Cod	le .
	nice	olas@bnbclosets.com	
_	E-mail address: (to be us	sed for future annual report	notification)
for further information o	concerning this matter, pleas	se call:	
NICOLAS DA	GRACA DE BRITO	786	306-9339
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

Tallahassee, FL 32303

#### Articles of Amendment to Articles of Incorporation of

01



#### NICOFLOR INC

P210000	
75	03319 FOLIA - A DE STATE
(Document Number o	of Corporation (if known) FALL ALL SSEE, FL
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporation:	
LECHUZA DECO FINISHES CORP	The new
me must be distinguishable and contain the word "corporation," "onc.," or Co.," or the designation "Corp," "Inc," or "Co". 2 hartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
Enter new principal office address, if applicable:	8350 NW 52ND TERRACE SUITE 301
rincipal office address <u>MUST BE A STREET ADDRESS</u> )	MIAMI, FL 33166
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	ress in Florida, enter the name of the
If amending the registered agent and/or registered office addi	
If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	i
	<u>.                                    </u>
new registered agent and/or the new registered office address	<u>.                                    </u>
new registered agent and/or the new registered office address	
New Registered Office Address:  Now Registered Office Address:  N/A  N/A	

### 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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	N/A
Add			
Remove			
2) Change		_	<del></del>
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			<u> </u>
Add			
Damova			

<ul> <li>If amending or adding additional Arti (Attach additional sheets, if necessary).</li> </ul>	(Be specific)
NONE	
	, <u></u>
If an amendment provides for an eych	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
ONE	
	· · · · · · · · · · · · · · · · · · ·

• - • •	07/22/2021
The date of each amendment(s) adoptidate this document was signed.	
07/22/20	21
Effective date if applicable:	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block document's effective date on the Departi	does not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval
bv	•••
•	(voting group)
07/00/01/04	
07/22/2021 Dated	
Signature (	
	r, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court
	luciary by that fiduciary)
	NICOLAS DA GRACA DE BRITO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

the

the