P210000026650

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R. ME II. July 8 Zuly

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	PERFECT FLOOR	& REMODELIN	NG CORP		
DOCUMENT NUMBER:		000026650			
The enclosed Articles of Amend	<i>lment</i> and fee are su	bmitted for filing.	-		
Please return all correspondence	concerning this ma	tter to the followi	ng:		
		MARCIAL C AL	VAREZ		
	Name of Contact Person				
	PERFECT FLOOR & REMODELING CORP				
	Firm/ Company				
	1667 HAWAH DR E				
 -		Addre	:88		
		JACKSONVILLE	E. FL 32246		
		City/ State and	l Zip Code		
		wur19@yah	oo.com		
E-m	ail address: (to be us	ed for future annu	ual report noti	fication)	
For further information concern MARCIAL C AL			904	480 - 9005	
Name of Contact Person		at ()	: Daytime Telephone Number	
Enclosed is a check for the follo		payable to the Flo			
-	3.75 Filing Fee & ertificate of Status	S43.75 Filing Certified Cop Additional ec enclosed)	oy opy is	l\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Add Amendment S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		The Centre	it Section Corporations e of Tallahassee fonroe Street, Suite 810	

Articles of Amendment

to

Articles of Incorporation

of

PERFECT FLOOR & REMODELING CORP

(Name		ly filed with the Florida Dept. of State)
	P210000	26650
	ocument Number	of Corporation (if known)
Pursuant to the provisions of section 607 ats Articles of Incorporation:	1006. Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
	"orp," "Inc," or "Co".	'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A
		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
D. If amending the registered agent ar		
new registered agent and/or the new	-	<u>s:</u>
Name of New Registered Agent	N/A	
	(Florida st	reet address)
New Registered Office Address:	N/A	Florida
The state of the s		(City) (Zip Code)
New Registered Agent's Signature, if c		<u>t:</u> with and accept the obligations of the position.
r nevery accept the appointment as regist	егеа адені. Тат затинаг	wan and accept the onligations of the position.
	Signature of New I	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	PT	John Doe				
X Remove	$\underline{\mathbf{V}}$	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s			
1) Change	VΡ	EDY M CASTILLO GARCIA	1667 HAWAII DR E			
X Add			JACKSONVILLE, FL 32246			
Remove	VP	LUIS A SANTOS ALVAREZ	1667 HAWAII DR E			
2) Change X Add			JACKSONVILLE, FL 32246			
Remove Change						
Add						
Remove			· · · · · · · · · · · · · · · · · · ·			
4) Change						
Add						
Remove						
5) Change						
Add			 			
Remove						
6) Change						
Add						
Remove						

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if not applica	plementing the an	change, reclassification of control of the control	cation, or cancellat ontained in the am	ion of issued shares endment itself:	
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if not applica	plementing the an	change, reclassifi- mendment if not co	cation, or cancellat	ion of issued shares endment itself:	

	option:	, if other than the
date this document was signed		
Effective date if applicable:		
	(no more than 90 days after	amendment file date)
Note: If the date inserted in this bl document's effective date on the De		ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of dire	ectors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of ficient for approval.	votes cast for the amendment(s)
	oved by the shareholders through voting each voting group entitled to vote separa	
"The number of votes cast i	or the amendment(s) was/were sufficient	for approval
pv		."
•	(voting group)	
Dated	04/15/2021	
Signature /	OLO X	
selected	ector, president or other officer – if direct, by an incorporator – if in the hands of a diduciary by that fiduciary)	
	MARCIAL C	ALVAREZ
•	Typed or printed name of per	son signing)
	p	
	(Title of person signing)	11-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-