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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	RATION: ESTRELLA FLOC	ORING CORP		
DOCUMENT NUMB	BER: P21000059071			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	EFRIN D BARRERA PAZ			
		Name of Contact Po	erson	
	ESTRELLA FLOORING CO			
		Firm/ Company	y'	
	1753 DESTINY BLVD # 107	7		
		Address	·	
	KISSIMMEE FL 34741			
	·	City/ State and Zip	Code	
	barreraefrin09@gmail.com			- in ;
	E-mail address: (to be us	sed for future annual re	nort notification)	분 <u>유</u>
			.	
For further informatio	n concerning this matter, pleas	se call:		WAS:
EFRIN BARRERA		at (321	3067849	
EFRIN BARRERA at (321) 3067849 Name of Contact Person Area Code & Daytime Telephone N		a Code & Daytime Telephone Nur	pho C	
Enclosed is a check fo	r the following amount made	payable to the Florida	Department of State:	1.1
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ar Di	reet Address mendment Section vision of Corporations me Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ESTRELLA FLOORING CORP		
(Name of Corporation as currently	y filed with the Florida Dept. of State)	
P21000059071		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
		_The new
name must be distinguishable and contain the word "corporation," "e "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	Professional corporation name must contain	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
C. February and Providence of Control of Con		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>ं</u> स्थापन	202
	<u> </u>	N 8
D. If any and in the marine and a superior water the state of the stat	다. 가 다. ress in Florida, enter the name of the 안보다.	PIT
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		
1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	끈될	 ω
Name of New Registered Agent		_ 7
tFlorida stre	vet uddress)	
New Registered Office Address:	, Florida	
•	(City) (Zip C	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar w	with and accept the obligations of the position	
	and accept the mangathing of the promote	
		_
Signature of New Re	egistered Agent, if changing	
Check if applicable		
- ·		

 \Box 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)

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>VP</u>	MARVIN MADRID RUIZ	1753 DESTINY BLVD APT 107
Add			
X Remove			KISSIMMEE FL 34741
2) Change	SEC	SELVIN O MARTINEZ	1753 DESTINY BLVD APT 107
Add			
X Remove 3) Change		<u> </u>	KISSIMMEE FL 34741
Add			-
Remove			
4) Change			
Add			
Remove			_
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendment provides for an ex- provisions for implementing the ar	cenange, reciassing mendment if not co	ntained in the ame	ndment itself:	
provisions for nuplementing the at				
(if not applicable, indicate N/A)				
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	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date,	···
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the am fficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	129/2021	
(By a di selected	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	EFRIN D BARRERA RUIZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	