Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003912313)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686 Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ACCOUNTANT @ LARSON ACC. COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN LION FLOORING CORP

Certificate of Status	0	
Certified Copy	0	
Page Count	07	
Estimated Charge	\$35.00	

Electronic Filing Menu

Corporate Filing Menu

Help



Page: 2 10/20/2021 11:42 AM TO:18506176380 FROM:4073703120

COVER LETTER

Division of Corpora	ations				
NAME OF CORPORA	ATION: LION FLOORING	CORP			
DOCUMENT NUMBE	P21000077380		<u> </u>		
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
(CAROLINE LARSON				
-		Name of Contact Pers	on		
Į.	ARSON ACCOUNTING G	ROUP	<u> </u>		
		Firm/ Company			
7	901 KINGSPOINTE PKWY	' STE 17			
_		Address			
(ORLANDO FL 32819				
.		City/ State and Zip Co	ode		
3	ecountant@larsonacc.com				
_	E-mail address: (to be us	ed for future annual repo	ort notification)		
For further information	concerning this matter, pleas	se call:			
CAROLINE LARSON		at (<u>407</u>	370 3686 Code & Daytime Telephone Number		
Name of	Contact Person	Area (Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida De	epartment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	: \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Ame Divi The 241:	et Address Indment Section Ission of Corporations Centre of Tallahassee S.N. Monroe Street, Suite 810 Ishassee, FL 32303		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

3 10/20/2021 11:42 AM TO:18506176380 FROM:4073703120

Articles of Amendment Articles of Incorporation of

LION FLOORING CORP	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P21000077380	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name 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.	A professional corporation name must contain the word
	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/a
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florida, enter the name of the
N/A	<u>s.</u>
Name of New Registered Agent	
(Florida s.	treet address)
New Registered Office Address:	, Florida
	(Ciṇ) (Zip Code)
	~
New Registered Agent's Signature, if changing Registered Agen	<u>u:</u>
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
	220
	Registered Agent, if changing
Signature of New	Registered Agent, if changing
Charle if amplicable	Oa A

Page: 4 10/20/2021 11:42 AM TO:18506176380 FROM:4073703120

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 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) X Change	P	CARINA MOREIRA DE LIMA	6738 MARINA POINTE
Add			VILLAGE CT 103
Remove			TAMPA, FL 33635
2) X Change	VP	GUILHERME AUGUSTO BATIST/	6738 MARINA POINTE
Add			VILLAGE CT 103
Remove 3) X Change	<u>T</u>	JOAO F FIGUEIREDO BOTELHO	TAMPA, FL 33635 16801 BOY SCOUT RD ODESSA, FL 33556
Add Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

Attach additional sheets, if necessary).	rticles, enter change(s) here:).
	······································
_ 	
	
	
	A 10
nrovisions for implementing the an	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	menument is not contained in the uncontained issue.

Page: 5 10/20/2021 11:42 AM TO:18506176380 FROM:4073703120

The date of each amendment(s) adoption: 08(301202) date this document was signed.	, if other than the
Effective date if applicable: 08 30 202 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	II not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	d sharcholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by N/A (voting group)	
(voting group)	
10/18/2021 Dated	
Indrama Augusto balista	
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
GUILHERME AUGUSTO BATISTA	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	
	~. ~ <u>~~</u>
	5an (S
	2021 OCT 20

Page: 6 10/20/2021 11:42 AM TO:18506176380 FROM:4073703120