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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

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	PICI	K UP: 12/20 DANNY
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Bella floors and More inc.
DOCUMENT NUMBER: P2/000/01/27
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carroll Wesley Stephens Name of Contact Person Bella floors and More inc Firm/ Company 12032 Old St. augustine Road Address Jacksonville Ft 32258 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carroll Wesley Stephens at 904 290 0000 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$35 Filing Fee & 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

- Bella floor	s and More 1	nc.	
(Name of Corporation as c	urrently filed with the Florida Dep	t. of State)	·
P2/600/011	27		
(Document Nu	imber of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation ac	dopts the following amendme	ent(s) to
A. If amending name, enter the new name of the corporat	ion:		
name must be dissipated by		The new	v ⁱ
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	O d Direction region at a commence.		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
ZZ II STREET ADDRESS	, 	19	
		<u> </u>	
C. Fate			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ري.	
		77.	- 1
			لمتد
		:. 2	
D. If amending the registered agent and/or registered office	a address in Florida		
new registered agent and/or the new registered office ad	idress:	<u>e or the </u>	
Name of New Registered Agent	<u> </u>		
			
(Flor	ida street address)		
	100 07 (C) IM(1/C)3/		
New Registered Office Address:	(City)	Florida	
	, , , ,	(Zip Code)	
New Registered Agent's Signature, if changing Registered A land land land land land land land land	Agent: iliar with and accept the obligations (of the position.	
Signature of N	lew 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	<u>PT</u>	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>	Address
1) X Change		<u>Carroll</u> Stephens	_
Add Remove 2) Change X Add	V	Belia Bator	Augustine Rd Jacksonville FL 32258 12232 fort Caroline Rd
Remove 3) Change			Jacksonville 72 3222
Add Remove 4) Change Add			
Remove 5) Change Add		<u> </u>	
Remove Change Add Remove			

n amendment provides for an exchange, reclassification, or cancellation of ovisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	
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(i) not applicable, maicale N/A)	nent itself:
<i>,</i>	
	

The date of each amendment(s) adoption: December 30; 303/ if other than the date this document was signed.
Effective date if applicable: December 30, 303 (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 not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
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
Dated
(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)
COXXO Wesley Stephens (Typed or printed name of person signing) (Title of person signing)