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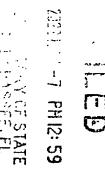
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## COVERLETTER

TO: Amendment Secti Division of Corpo	rations			_
La Francis Ca La Gigan	· ····································	- 1 / 1	land Elin	Inc
NAME OF CORPOR	ATION:	Flovate U	1000 1 100ring	
DOCUMENT NUMB	P 22	0000 34	Jood Flooring	
fine enclosed Articles (	of Amenament and tee are suo	mitted for filing.		
Please return all corres	pondence concerning this matt	er to the following:		
		Name of Contact Person Vate Wood Firm Company	Flooring_	-
		lleross ave		
	P-mail address, (to be us	City! State and Zip Code  Of the City of the Code of t	leve te wood Fl	loving 6 g mail
For further information	concerning this matter, please			
TA Rather Williams	^			./-
	Richard Corr	ree at 644	430 3	142
Name o	f Contact Person	Area Co	de & Daytime Telephone Numb	her
Englosed is a check for	the following amount made p	ayable to the Horida Dep.	artment of State:	
[] \$35 Filing Fee	17,843,75 Filing Fee &	□\$43.75 Filing Fee &	\$52.50 Filing Fee	
	Certificate of Status	Comfiel Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is envioused)	

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Ft. 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
(ailahassee, 14, 37202)

## Articles of Amendment

to Articles of Inco	ornoration . it es
Elevate wood	Flooring Incilly -7 p
	filed with the Florida Dent. of State)
722000	0 342 38 July 1984 OF
(Document Number of	Corporation (if known)
argumnt to the provisions of section $607.1006$ . Florida Statutes, this $F$ s Articles of Incorporation:	lorida Profit Corporation adopts the following amendos
. If amending name, enter the new name of the corporation:	
<del></del>	The new
ame must he distinguishable and contain the word "corporation" "co Inc.," of Co.," of the designation "Corp," "Inc. of "Co : A chartered," "professional association," or the abbreviation "P.A."	projessional corporation hame into contain the non-
. Enter new principal office address, if applicable:	1119 Shallcross ave
Principal office address <u>MUST BE A STREET ADDRESS</u> )	1119 Shallcross ave Orlando Fl 32828
. Enter new mailing address, if applicable:	Same
(Mailing address MAY BE A POST OFFICE BOX)	Corpe
	-
. It amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	
Name of New Registered Agent	
ti lorida stre	et address)
New Registered Office Address:	. Florida
	City) . Florida (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w.	ith and accent the obligations of the position
revery accept the appointment as registered agent. I am juintilla n	in and accept in vongations of the position.
Signature of New Re	gistered Agent, if changing
Therefore a Problem	

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.

X Change	<u>PT</u> <u>Joi</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	dly Smith	
Type of Action (Check One)	Title	Richard Gree	Address  Address  Address
1) Change		Flohara Correct	1119 Shall cross are Orlando Fl. 32828
Add			Orlando FI - 520 20
2) Change	<del></del>		
Add			
Remove 3 ) Change		· · ··	
Add			
Remove			
4) Change	<del></del>		
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Remove			
3) Change			
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6) Change	*****		
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Wou	old like to	o not	be a	Part	
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ovisions for imp	rovides for an exchange, r lementing the amendment le, indicate N/A)			ares,	
	1	1/14			•
	·	· - <u>-</u>			<del></del> -

The date of each amendment(s) ad date this document was signed.	option:	11/3/22	/3 /22	, if other than the
Effective date <u>if applicable</u> :	(no more	than 90 days after an		
Note: If the date inserted in this bl document's effective date on the Dep			filing requirements, this	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>E</u> )		
Zi The amendment(s) was/were ado action was not required.	pted by the incorporate	ors, or board of directo	ors without shareholder	action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf		ers. The number of vo	tes cast for the amendme	ent(s)
☐ The amendment(s) was/were app must be separately provided for "The number of votes cast the	each voting group ent	itled to vote separately	y on the amendment(s):	tement
by			."	
selected	l, by an incorporator – ed fiduciary by that fid (Typed or p	er officer - if director		
		7120		

(Title of person signing)