P930003766/

(F	Requestor's Name)	
(A	address)	
(A	address)	
(C	City/State/Zip/Phone	#)
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DIVISION IN CORPORATIONS

C. Lewis 14

COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

131Vision of Corporations				
NAME OF CORPORATION: MAKBLE CARE INTL., INC. DOCUMENT NUMBER: P93 0000 37661				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
ROBERT D. SEGUROLA				
MARBLE CARE INTL., INC	_			
7024 S.W 21 PLACE SUITE F	_			
DAVIE, FLORIDA 39317				
City/ State and Zip Code	_			
BOOSTONEZI QGMAIL. COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ROBERT SEGURDIA at 954, 822-4276				
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				

Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

E GLUB SLUSETARY OF STATE DIVISION OF CORPORATIONS

01	A FUSIOR S OF CORPORATION
MARBLE CARE INTL., INC.	14 NOV 10 PH 4: 58
(Name of Corporation as currently filed with the Florida Dept. of State	
0030000 31661	

79000077001		
(Document Number of Corporation (if I	known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation: NATIONAL FLOOR SOLUTIONS	INC	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must	abbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SAME AS OLD	_
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS OLD	_
		_
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent		SAME AS
(Florida stree	et address)	
New Registered Office Address:(City)	, Florida (Zip Code)	_)
New Registered Agent's Signature, if changing Registered Agent:		SAME AS
I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.) SAME AS E OLD
Signature of New Registered Ag	gent, if changing)

SAME AS OUD

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 <math>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 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) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add Add			
Remove			

SAME AS OUD

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	Αl	f amending or adding additional Articles, enter Attach additional sheets, if necessary). (Be spec	ecific)
provisions for implementing the amendment if not contained in the amendment itself:	·		
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provisions for implementing the amendment if not contained in the amendment itself:			
	<u>f</u>	provisions for implementing the amendment if	classification, or cancellation of issued shares, if not contained in the amendment itself:
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	THE WORLD	, if other than the
date this document was signed.	DIVISION OF CORPURATIONS	
Effective date if applicable: 11/5/20/4	1/ MOV 10 PH 4: 58	
	90 days after amendment file date)	•
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. T by the shareholders was/were sufficient for approval.	he number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to		
"The number of votes cast for the amendment(s) was/w	ere sufficient for approval	
by(voting group)))	
(voting group)		
The amendment(s) was/were adopted by the board of directo action was not required.	rs without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators we action was not required.	ithout shareholder action and shareholder	
11/6/2611		
Dated 11/2/2014 Signature Degust	4	
	ficer – if directors or officers have not been	
selected, by an incorporator – it is appointed fiduciary by that fiduciar	the hands of a receiver, trustee, or other court y)	
Robert D	SEGUTO (a r printed name of person signing)	
(Typed or	r printed hame of person signing)	
'rksiderot		
(**************************************	Title of person signing)	