P93000040246

(Requ	iestor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phone	#)
PICK-UP		MAIL
(Busir	ness Entity Nam	e)
(Docu	iment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	

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06/26/17 -01023--023 +*35.00

S. TALLENT

JUL 0 5 2017

Amend

FILED

Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Absolute	Hardwood	Flourne.	Inc
DOCUMENT NUMBER:	<u>P9300004</u>	10246		

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Angul Loup at (561) 833-5020 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

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

□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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment			
to			
Articles of Incorporation			
of			

(Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State)
P93000040246
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006. Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:				_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		AH	NN	[דר
				- m
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)			بب	<u> </u>
(muning duriess <u>mar bl. a rost of the box</u>)			-0-7	-
	· · · · · · · · · · · · · · · · · · ·			-

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

_____(Florida street address)

New Registered Office Address:

(City)

(Zip Code)

. Florida

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

Signature of New Registered Agent, if changing

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:

DT

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 John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Saliy</u>	<u>Smith</u>	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	<u> </u>	Michael McFadden	<u>-5838 NWBates</u> Ave <u>Port St LucieF</u> L <u></u>
2) Change Add	<u></u> \$	Rebecca Toulson	<u>175 Earmingdale</u> Dr. <u>Jupiler, 156 33458</u>
Remove 3) Change Add Remove		Luis Ramos	6410 Mullin St. Jupiter FL 33458
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E.	If amending of	r a <u>dding</u>	additional	Articles,	enter	change(s)	<u>here</u> :
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(Attach additional sheets, if necessary). (Be specific)

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F. 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)

Page 3 of 4

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The date of each amendment(s) adoption: date this document was signed.		
Effective date if applicable: 21	9/110	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does no document's effective date on the Department of 9		ments, this date will not be listed as the
Adoption of Amendment(s) (<u>CH</u>	<u>ECK ONE</u>)	
□ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a		e amendment(s)
□ The amendment(s) was/were approved by the <i>must be separately provided for each voting</i>	shareholders through voting groups. The foll group entitled to vote separately on the amen	
"The number of votes cast for the amen	dment(s) was/were sufficient for approval	
by	······································	
(voti	ing group)	
 The amendment(s) was/were adopted by the haction was not required. The amendment(s) was/were adopted by the i action was not required. 		
Dated Signature (By a director, presi selected, by an inco appointed fiduciary	dent or other officer – if directors or officers f rporator – if in the hands of a receiver, trustee by that fiduciary)	have not been :. or other court
Gerold (P. Schemacher Typed or printed name of person signing)	
pres	(Title of person signing)	

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