(Requestor's Name) (Address)	4000945808
(City/State/Zip/Phone #)	03/26/0701002010
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	SECRETARY OF STATE TALLAHASSEE. FLORIDA

Office Use Only



304

**35.00

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	T.	ile Metrics, I	nc.
DOCUMENT NUMBER:	P060	00 129277	
The enclosed Articles of Amendme	nt and fee are s	ubmitted for filing.	
Please return all correspondence cor	ncerning this m	atter to the following:	
	Rola ud	do Puente ontact Person)	——————————————————————————————————————
	Tile (Firm/ C	Hetrics, Inc.	
·····	/33/ (Ad	West Broadway dress)	Street
	(City/ State a	DD, FL 32765 and Zip Code)	
For further information concerning	this matter, plea	ase call:	
Rich Cange (Name of Contact Person)		at (<u>954</u>) <u>270</u> (Area Code & Daytime Tele	2523 ephone Number)
Enclosed is a check for the following	g amount:		
\$35 Filing Fee \$43.75 Filing Certificate of		□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 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

OTMAR 26 AM 9: 19

TALLAHASSEE, FLORIDA

(Name of corporation as currently filed with the Florida Dept. of State)

PO6000 /29277 (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:

NEW CORPORATE NAME (if changing):

	(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")	
	AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) Place of Business Article TI: 1331 West Broadway Street, OVIEDD, FL 3276 Hailing Address: 1331 West Broadway Street, OVIEDD, FL 32765	
Mauge:	Article IV: UUMber of Shares 2. Article VII: Title-(P) Rolando puente 50% C-tu Title-(VP) Rodrigue Cange 50%) .
	Article VII: Title (P) Rolando Duente 50% C-fu	emanys u Same
dition	-> Title-(VP) Rodrigue Cange 50%	
	3314 Hoirloom Pose Place	
	OVIEDO, FL 32766	
	(Attach additional pages if necessary)	
	If an amendment provides for 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)	
	(continued)	

The date of each amendment(s) adoption:
The date of each amendment(s) adoption: 0//16/07 Effective date if applicable: 0//16/07 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
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)
Rolando Puente (Typed or printed name of person signing)
President (Title of person signing)
(Title of person signing)

FILING FEE: \$35