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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	Tile Hetrics,	Enc.
DOCUMENT NUMBER: P060	000129277	·
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Na	olando Doente me of Contact Person	<del></del>
	le Hetrics, In	oC
300 W. F	litchell HAMMOCK Address	1 Dand, Unit#2
Ovied	V FL 32765	- <del></del>
·	© filemetrics. Comport notification)	
For further information concerning this matter, p	lease call:	
	at (407 ) 962-8	<u> </u>
Name of Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Depart	ment of State:
\$35 Filing Fee & Certificate of Status	\$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	Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	•

Tallahassee, FL 32301

## **Articles of Amendment** to

of		
Tile Metri	cs, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)		
P0600012	9277	
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following	
If amending name, enter the new name of the corporati	on:	
name must be distinguishable and contain the word "conabbreviation "Corp.," "Inc.," or Co.," or the designation "name must contain the word "chartered," "professional associations of the contain the word "chartered,"	Corp," "Inc," or "Co". A professional corporation iation," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	Unite 2	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Oviedo, FL 32765  300 W. Hitchell Hammock Road  Unit #2  Oviedo, FL 32765	
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:		
New Registered Office Address: (Flor	rida street address)	
	Florida	

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

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

(City)

Signature of New Registered Agent, if changing

(Zip Code)

Page 1 of 3



## 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) <u>Title</u> <u>Address</u> **Type of Action** Name ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove (attach additional sheets, if necessary). (Be specific) 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)

Effective date if applicable:  (date of adoption is required)  (no more than 90 days after amendment file date)  Adoption of Amendment(s)  (CHECK ONE)  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	The date of each amendment(	s) adoption: 10/01/09		
Adoption of Amendment(s)  (CHECK ONE)  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	•	(date of adoption is required)		
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"The number of votes cast for the amendment(s) was/were sufficient for approval  by				
by				
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.  Dated	"The number of votes ca	ast for the amendment(s) was/were sufficient for approval		
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.  Dated	bv	"		
action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  Dated  Oolog  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)  Lolando Puente  (Typed or printed name of person signing)	(	(voting group)		
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)  Lolando Puente  (Typed or printed name of person signing)	action was not required.  The amendment(s) was/were	adopted by the incorporators without shareholder action and shareholder		
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)  Lolando Puente  (Typed or printed name of person signing)	Dated	10/01/09		
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  Lolando Puente  (Typed or printed name of person signing)  Dresident	Signature	a. Ovente		
appointed fiduciary by that fiduciary)  Lolando Puente  (Typed or printed name of person signing)  Dresident				
Typed or printed name of person signing)  Dresident				
Dresident	appor	_		
Dresident		Lolando Puente		
Oresident (Title of person signing)	(Typed or printed name of person signing)			
frue or beroon affinite?		(Title of person signing)		