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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

8)

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: DS CODING & Tile Inc.  DOCUMENT NUMBER: POTOGOOGHTO
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DEN SANTANDER  Name of Contact Person
DS Coping & The Inc.
Address
City/ State and Zip Code
/ State and Zip Code
E-mail address: (to be used for future annual/report notification)
E-man address. (to be used for future andidative port notification)
For further information concerning this matter, please call:
Deni Santiander al (305) 491-2552
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
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

DS Coping &	Tile.	Inc.		
(Name of Corpora	tion as currently	filed with the Florida De	ot, of State)	
PO70	1000 W	4172		
(Doct	ument Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <b>F</b>	Florida Profit Corporation	adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the	corporation:			
	)/ <del>A</del>			The new
name must be distinguishable and contain the wi "Corp.," "Inc.," or Co.," or the designation "Conword "chartered," "professional association," or the	rp," "Inc," or "C	Co". A professional corpo		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		NA		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	9 <u>0x</u> )	MA		
D. If amending the registered agent and/or regist new registered agent and/or the new registere		ess in Florida, enter the na	ame of the	SEC TALL
Name of New Registered Agent	N/	}		RETAR NEXAR
<del></del>	(Florida stre	at address)	<del></del>	- 유 
New Registered Office Address:		,	, Florida	STAT F1.OR 2: 3:
	(1)	City)	ť	Zip Codle) OM
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered agent.	. 1 am jamiliar w	un ana accept the obligation	ons of the positi	on.
WA	mature of New Pe	gistered Agent, if changing	7	

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.

Example: 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)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change	Vt	Noriel S	CONTANDER	c 11100 SW	
Add				miami FC	<u>,                                      </u>
Remove				33165	
2) Change	5	Leovdar	Abrev	11100 SW	4050
X Add		10 10 SHAP	EHOUDER	miami FC	<u>.</u>
Remove	$\overline{}$	14		33/65	10-1
3) Change		LOSOSHAR	PREKA	11100 SW 5	10st
Add Remove		10 10 91410	HOUSE	Miomi TC 33/65	<del></del> -
Kemove					
4) Change	<del></del>				SEGRE
Add					
Remove				3	11
5) Change	<del></del>			· · · · · · · · · · · · · · · · · · ·	<u> </u>
Add					<u>&gt;</u>
Remove					
6) Change					
Add					
Remove					

Deni Santander

SECRETARY OF STATE ALLAHASSEE, FLOR 15 JUL 13 PM 2: 3

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C. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)		
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	10	DA
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)		
,		
		<del> </del>

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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 amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	SECRETAR TALLAHASS
	FILED TARY OF ASSEE, I
Dated 07/04/2015	STATE FLORID
Signature  (By a director, president or other officer – if directors or officers have not been	<b>A</b> '''
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	·····