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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: Tola Tile Inc				
	MBER: P13000022724	4			
	les of Amendment and fee are su	bmitted for filing.			
Please return all con	rrespondence concerning this mat	ter to the following:			
	Jessie Padilla				
		Name of Contact Persor	1		
	Debbie's Accounting Service				
		Firm/ Company			
5	3575 Southside Blvd	Timi/ Company			
V	,···	Address			
	Jacksonville Florida 32216				
		City/ State and Zip Code	2		
		,	-		
Jes ——	ssie@debbiesaccountingservice.c				
	E-mail address: (to be us	ed for future annual report	notification)		
For further informa	tion concerning this matter, pleas	e call:			
Jessie Padilla		904 at (	733-4547		
Nan	ne of Contact Person	at (904 ) 733-4547  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)	☐\$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 of

Tola Tile Inc			
(Name of Corpo	ration as currently filed with the Florida Dept. of State)		
P13000022724			
(Do	ocument Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the foll	owing amei	ndment(s) to
A. If amending name, enter the new name of th	e corporation:		
N/A		The	new
	word "corporation," "company," or "incorporated" or t. orp," "Inc," or "Co". A professional corporation name in the abbreviation "P.A."	he abbrevi	ation
B. Enter new principal office address, if applica	N/A		
(Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
			—
		5	SEC ALL
D. If amonding the registered agent and/on regis	istered office address in Florida, enter the name of the	<u> </u>	
new registered agent and/or the new register		0	837
N/A Name of New Registered Agent		P	경우
Same Of their registered rigera		<del>::</del>	<u> </u>
VII. 4	(Florida street address)	8	ATE RID
New Books and Company	·		➣
New Registered Office Address:	, Florida,	(Zip Code)	_
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accept the obligations of the posit	ion.	
, , , , , , , , , , , , , , , , , , , ,	J	- • •	
	Signature of New Registered Agent if changing		
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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 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	<u>D</u>	Renalnt Fetalhoo	4295 SUNBEAM RD. #1313 JACKSUNVILLE, FL 32257
2) Change Add Remove 8 ) Change			SECRE 15 AU
Add Remove 4) Change			FILED STATE BY SEE FLORIDA B 10 PH 4: 08
Add Remove  5) Change Add			
Remove 6) Change Add	_		

(Attach addition ADDING NEW C	nal sheets, if n		enter change( specific)	<u>s) here</u> :				
Renalnt Fetalhoo	4295	SUHBEAM	PD. "	#1313	Jaeksory	VILLE, FLORI	DA 38	- 225
								<u> </u>
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N/A			<del> </del>					<del></del>
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				***************************************				

The date of each amendment(s) adoption:	, if other thar
Effective date if applicable:	
(no more than 90 days after amendment fi	île date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	nirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The f must be separately provided for each voting group entitled to vote separately on the am	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	a a
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	on and shareholder  SECRETARY  AUG 10  AUG 10
☐ The amendment(s) was/were adopted by the incorporators without shareholder action an action was not required.	id shareholder 0 0
action that not required.	PA COCO
Dated 7-17-15	STATE URID 4: 08
Signature TO (94)	TE 10A
(By a director, president or other officer - if directors or officer	rs have not been
selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	tee, or other court
$\rho$	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT.	
(Title of person signing)	

the

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