

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200250674122

08/19/13--01006--002 \*\*35.00

AUG 22 2013 R. WHITE



## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CARIBE INTE	RNATIONAL TRAVEL	INC.		
	BER: P13000043535				
	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	MANUEL CABANA				
	Name of Contact Person				
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·		
	2515 SE 11TH COURT	-			
	Address				
	HOMESTEAD, FL 3303	35			
		City/ State and Zip Cod	c		
fati1	140@yahoo.com				
		sed for future annual report	notification		
For further information	n concerning this matter, pleas	se call:			
FATIMA RUIZ		at (786	, 230-0870		
Name o	of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	Li\$43.75 Filing Fee & Certificate of Status	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		Street Address Amendment Section Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

**Articles of Amendment** Articles of Incorporation of

11-22

(Name of Corporation as	currently filed with the Flo	orida Dept. of State)
(Document)	nt Number of Corporation (if	known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Clorida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new na	nme of the corporation:	
CARIBE TILE, INC.		The new
	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation or A professional corporation name must contain the
B. Enter new principal office address, if applicable:		2515 SE 11TH COURT
(Principal office address MUST BE A S		HOMESTEAD, FL 33035
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2515 SE 11TH COURT
		HOMESTEAD, FL 33035
D. If amending the registered agent an		ess in Florida, enter the name of the
new registered agent and/or the new	v registered office address:	
Name of New Registered Agent	MANUEL CABANA	
	2515 SE 11TH COUR	Т
	(Florida stre	et address)
New Registered Office Address:	HOMESTEAD	Florida 33035
	(City)	(Zip Code)
	•	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of the position.
* Money	1600	
Si	gnature of New Registered A	gent, if changing
(m	anuel)	

Page 1 of 4

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 number. 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>V</u>	YANET CUESTA	527 EAST 9TH AVENUE #3
Add X Remove			HIALEAH, FL 33010
2) Change	Р	FATIMA RUIZ	527 EAST 9TH AVENUE #3
Add			HIALEAH, FL 33010
X Remove			
3 ) Change	<u>P</u>	MANUEL CABANA	2515 SE 11TH COURT
X Add			HOMESTEAD, FL 33035
Remove			
4) Change	*******		
			44
Remove			
5) Change		-P	
Add			
Remove			
6) Change	<del></del>	_	
Add		•	
Remove			

The date of each amendmen	08/01/2013	in a a
date this document was signed		, if other than the
Effective date <u>if applicable</u> :	08/01/2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) rere sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s).	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voling group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated	8/13/13 Latine Reg	
✓ Signature	Sy a director, president or other officer – if directors or officers have not been	
S	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	FATIMA RUIZ	
	(Typed or printed name of person signing)	· <del></del> ·
	President	
	(Title of person signing)	

ļ;