Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000248262 3)))



H160002482823ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

ANC From

Account Name

: DDS TAMPA TAX SERVICE

OCT 13 2016

Account Number : I20140000115

T201/0000115

Phone Fax Number : (813)882-8426

R. WHITE

: (813)884-0263

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN

ANIBAL TILE INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

10/11/2016 11:16AM FAX 813 884 0263 DDS TAX SERVICE

20001/0007

850-617-6381

10/7/2016 9:27:28 AM PAGE

1/001 Fax Server



October 7, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

ANIBAL TILE INC 3421 PARK SQ W

TAMPA, FL 33613US

SUBJECT: ANIBAL TILE INC

REF: P13000063405

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The print came out to tiny to read.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II FAX Aud. #: H16000248262 Letter Number: 216A00021629

COVER LECTER

TO: Amendment Sec Division of Corp				
NAME OF CORPO	RATION: ANIBAL TILE INC	·		
DOCUMENT NUM	BER: P13000063405			
The enclosed Anicles	of Amendment and fee are sub	omitted for filing.		
Picase return all corre	espandence concerning this mat	ter to the following:		
	CRUZ BONILLA, JOSE AN	IBAL		
		Name of Contact Person	ı	
	ANIBAL TILE INC			
	Firm/ Company			
	3421 PARK SQ W 2		<u> </u>	
		Address		
	TAMPA, FL 33613			
	·	City/ State and Zip Code	1	
anit	al_24@live.com			
	E-mail address: (to be us	ed for luture annual report	notification)	
For further informati	on concerning this matter, pleas	e call:		
CRUZ BONILLA, J	IOSE ANIBAL	at (900-6875 de & Daytime Telephone Number	
Name	e of Contact Person	Aren Co	de & Daytime Telephone Number	
Reclosed is a check t	for the following amount made ;	payable to the Florida Depa	irtment of Suite:	
\$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)	
м	niling Address	Street	Address	
	nendment Section	Americ	Iment Section	
Di	vision of Corporations		on of Corporations	
P,	O. Box 6327		Building	
Ts	illahassee, FL 32314	2661 f	ixecutive Center Circle	

Talishassec, FL 32301

DDS TAX SERVICE

20004/0007

100

16 OCT | | AH 8: 23

Articles of Amendment to Articles of Incorporation of SECRETARY DESAIT TALLAHASES DE 1800

ANIBAL TILE INC		
(Name of Corporation	n as currently filed with the Flor	ida Dept, of State)
P13000063405	•	
(Docume	nt Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Floridu Profit Corpo</i>	ration adopts the following amendment(s)
A. If amending name, onter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	" "Inc," or "Co". A professiona	"incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)		
	1)1	**************************************
	·	,
C. Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE BOX	ø	***************************************
		p. 10. 10.
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, ente office address:	r the name of the
Name of New Registered Agent		
	· · · · · · · · · · · · · · · · · · ·	
	(Florida street address)	
New Registured Office Address:	•	. Florida
THE REPORT OF THE PARTY OF	(City)	(XIp Code)
New Registered Agent's Signature, if changing Regi		bligations of the position.
	Annual March and Annual	h
Signa	iture of New Registered Agent, if c	ranging

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>17T</u>	John Doc	
X Remove	y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u> </u>
1) Change	VP	Cruz Bogran, Anibal Mauricio	3421 PARK SQ W 2
X Add			TAMPA, FI. 33613
Reniove			
2) Change			
		·	
Remove			
3) Change			
Add			1
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			4
Remove			<u> </u>

•	icles, enter chapge(s) here: (Be specific)	

		_
	· · · · · · · · · · · · · · · · · · ·	
		
an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the amo	hange, reclassification, or concellution of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the amo	change, reclassification, or concellution of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the amo	change, reclassification, or concellution of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the amo	change, reclassification, or concellution of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame	endment if not contained in the amendment itself:	
provisions for implementing the ame	endment if not contained in the amendment itself:	

The date of each amendment(s) a date this document was signed.	doption:	_, if other than the
Effective date if applicable:	(no mure than 90 days after amendment file date)	
	(no more than 50 days tiper amenament fre date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	proved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	a for the amendment(s) was/were sufficient for approval	
by	, w	
	(voting group)	
	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shureholder action and shareholder	
09/30/201	16	
Dated		
ا کیا ﴿	4/P /= 10	
Signature	Kleefle B	
	director, president or other officer - if directors or officers have not been	
	ted, by an incorporator — if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
щро		
	CRUZ BONILLA, IOSE ANIBAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Fitte of person signing)	