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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BS TILL INC
DOCUMENT NUMBER: 018 0000 8 5347
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Exiler Canter
Name of Contact Person
PO BOX ZWZ
WOOdstock, GA 30188
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERIKA (antero) " 678 043-074
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation

of

BS Tile INC	າ <i>J</i>				
DIX NON X534	tion as currently fi	led with the Floric	ia Dept. of State)		
(Docu	ment Number of Co	orporation (if know)	n)	<u>_</u> _	
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:		rida Profit Corpor	ation adopts the fol	lowing amendi	nent(s)
A. If amending name, enter the new name of the	rorpor <u>ation:</u>				
		<u> </u>		The ne	
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	p," "Inc," or "Co	". A professional	incorporated" or corporation name	the abbreviati must contain t	on he
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD					-
				9	7
					<u> </u>
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u>OX</u>)			- <u> </u>	ৃ ,
					<u></u>
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			- 	ĈĴ	÷.
D. If amending the registered agent and/or regist new registered agent and/or the new registered	ered office address d office address:	s i <u>n Florida, enter</u>	the name of the	J	
Name of New Registered Agent					
					
	(Florida street	address)			
Nam Projectional Offices Addrager			. Florida		
New Registered Office Address:	(Ci	(y)	. 1 107.500	(Zip Code)	-
New Registered Agent's Signature, if changing Re Thereby accept the appointment as registered agent.	egistered Agent:	h and accept the oh	liantions of the pos	ition	
т негелу иссерсте арролитен ах гезляется азет.	. rumjummu 410	i unii uovepi me vo	inganiono og me pos		
Sis	enature of New Regi	istered Agent, if cho	inging		

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)

_ Remove

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:	e, ana sa	is shall, 35 to an Aut.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change Add Remove	Title T	Sheila Kernarde	11749 (apollyood Ln Jacksonville, Fl 322
2) Chunge Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

Attach additional sheets, if necessary).	(Be specific)
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From a service descript removable to a form our areas	
f an amendment provides for an exch provisions for implementing the ame	endment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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provisions for implementing the ame	endment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: D
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
☐ 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
(voting group)
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
Signature Sheila Fernandes (By a director, president or other officer – it 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)
(Typed or printed name of person signing)
T
(Title of parent signing)