P080000025577

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: COMPLETE TILE	& MARBLE SERVICES,	INC.	
DOCUMENT NUM	BER: P08000025577			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	KENNETH ROBERT DELU	ICA		
	- , 41	Name of Contact Person	1	
	COMPLETE TILE & MARBLE SERVICES			
		Firm/ Company		
	8761 154TH RD NORTH	,		
		Address		
	PALM BEACH GARDENS / FLORIDA 33418			
		City/ State and Zip Code	2	
CON	IPTMS@GMAIL.COM			
	~	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:	. 2548787	
Name	of Contact Person) de & Daytime Telephone Number	
	or the following amount made	•		
\$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)	
An Div P.C	needing Address needment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

to

COMPLETE TILE & MARBLE SERVICES, INC.

(Name of Corporation	on as currently filed with the Flo	orida Dept. of State)
P08000025577		
(Docume	ent Number of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corp	poration adopts the following amendment(s)
A. If amending name, enter the new name of the con	rporation:	
		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 profession	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
		(3) A
		- Tan
C. Enter new mailing address, if applicable:	12)	
(Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u> </u>	
		<u> </u>
		河 美
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		er the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered agent. I	am familiar with and accept the	obligations of the position.
Signo	sture of New Registered Agent if	changing

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>	Name	Address	
1) Change		.		
Add				
Remove				
2) Change		_		
Add				
Remove				_
3) Change		_		
Add				_
Remove			-	_
4) Change		_		
Add				
Remove				
5) Change			454	
Add				
Remove				
6) Change				
Add				
Add				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	·
mario e	
	A
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
nare Declaration: The total number of sha	res is still 1000
ne Share Breakdown is as follows:	
ne Share Breakdown is as follows: nthony Kenneth DeLuca: 510 shares	
nthony Kenneth DeLuca: 510 shares	
nthony Kenneth DeLuca: 510 shares	
nthony Kenneth DeLuca: 510 shares	

The date of each amendment(s) adoption:	, if other than the
date'this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(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, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following a 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 shar action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehol action was not required.	der
10/28/2015 Dated	
Signature Kenneth & Dehn	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
Kenneth Robert DeLuca	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	