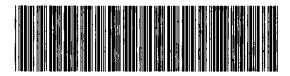
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PICK-UP	TIAW	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations ARMSAN TILE EMARBLE THE NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ARNOLD M HESS ARTISANTILE & MAKBLE INC. 206 NOLD DIXIE Hwy Venite R FL 33455 City/ State and Zin Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (S61) 746-3737

Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: 12 \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy : (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section **Amendment Section Division of Corporations** Division of Corporations ' P.O. Box 6327 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

FLED

Articles of Amendment to Articles of Incorporation

 •		f	t	
	TILO & MA			
(Name of Corpora	tion as currently filed wit	th the Florida Dep	t. of State)	
(De	C 28261 ocument Number of Corpo	ration (if known)		
Pursuant to the provisions of sec amendment(s) to its Articles of Inc		tutes, this <i>Florida</i>	Profit Corporation	adopts the following
A. If amending name, enter the	new name of the corpora	tion:	•	
NA	**			The new
name must be distinguishable a abbreviation "Corp.," "Inc.," or name must contain the word "chair	Co.," or the designation	"Corp," "Inc," or	"Co". A profession	orated" or the nal corporation
B. Enter new principal office ad	ldress, if applicable:	Na		
(Principal office address MUST 1	<u>BE A STREET ADDRESS</u>)		: ─-t .
				SEC ALL
C. Enter new mailing address, (Mailing address MAY BE A	if applicable: POST OFFICE BOX)	4 M_	,	AHASSEE.
				PH 12: 57 OF STATE E, FLORIDA
D. If amending the registered a new registered agent and/or			rida, enter the name	e of the
Name of New Registered		NA	· · · ·	
New Registered Office Add	dress: (Fi	lorida street addres	rs)	
			, Florida_	
	(Ci	ity)	(Zip Code)	•
New Registered Agent's Signatu I hereby accept the appointment a	ire, if changing Registered is registered agent. I am fo	d Agent: amiliar with and ac	cept the obligations	of the position.
		NA		
	Signature of N	ew Registered Age	nt, 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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>V.P.</u>	Christian Dremm	JUDITER FL 33478	TGER WI Add Remove
			Add Remove
			☐ Add ☐ Remove
	ding or adding additional Articles, ent		
	101		:
•		· · · · · · · · · · · · · · · · · · ·	
<u>provisi</u>	mendment provides for an exchange, rons for implementing the amendment not applicable, indicate N/A)	eclassification, or cancellat if not contained in the ame	ion of issued shares, ndment itself:
			f
<u></u>			
			;

The date of each amendment(s) ad	loption: 7-1-2010	
	(date of adoption is required)	•
ffective date if applicable: (no	more than 90 days after amendment file date,)
doption of Amendment(s)	(CHECK ONE)	I
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of vo	tes cast for the amendment(
	proved by the shareholders through voting greeach voting group entitled to vote separately	
"The number of votes cast f	or the amendment(s) was/were sufficient for	approval
by <u>Share hol</u>	der ."	
(voti	ng group)	,
action was not required.	opted by the board of directors without sharele	·
Dated Jaco	Ly 13, 2010 Usenie S. Her	· ·
(By a dir selected,	ector, president or other officer – if directors by an incorporator – if in the hands of a reced fiduciary by that fiduciary)	
~ —	Berenice GHESS (Typed or printed name of person sig	
	(Typed or printed name of person sig	gning)
	Secretary (Title of person signing)	·
	(Title of person signing)	•