(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

ALL AHASSEF, FLORIDA

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COVER LETTER

Division of Corpora	utions		
NAME OF CORPORA	TION: <u>Miclige</u> R: <u>PCOOCO</u>	1 A. Prosser	Tile & Marble Inc
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	Michael A. F 8805 Tam Naples,	Name of Contact Person Name of Contact Person POSSOF Tike Firm/Company Address FL 3410 City/ State and Zip Code REAGAN. Co	s marble Inc
For further information c	oncerning this matter, pleas	se call:	
mich se/	A. Prosser	at (339	3 48-1445 de & Daytime Telephone Number
		payable to the Florida Depa	
\$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

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

Articles of Amendment to Articles of Incorporation

of

Michael A. Prosser Tile & (Name of Corporation as current)	Marble Inc.
(Name of Corporation as currentl	ly filed with the Florida Dept. of State)
P 00000 45351	
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8805 Tg.nig.n, Trail N #325
	Naglos, FL 34108
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8805 Tamigmi Trail N
	#325 Naples FL 34108
	Naples FL 34108
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	
Signature of New R	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	PT Joh	nn Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PD	Michael A. Prossey	3534 Zanzibar way
Add		. \	Naples, FL 34119
Remove (A	ldress or	14)	
2) Change	PD	Michael A. Prosser	22450 FOUNTAINLAKS BLV
X Add G	ldress and	4)	85Tera FL 33928
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	 -		
Add			
Remove			
6) Change			<u></u>
Add			
Remove			

Attach additiona	idding additi I sheets, if ned	ensary). (s, enter chang Be specific)	<u>(e(s) nere</u> :			
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f an amendmen provisions for i	t provides for	r <u>an exchan</u> the amend	ge, reclassifica	ition, or cance	ellation of issue	ed shares,	
(if not appli	cable, indicat	e N/A)	ALIA II IIV. COI	idimed in the	amenument 12		
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (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, this dat document's effective date on the Department of State's records.	e 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 east 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):	nt
"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.	F
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7/21/18 Signature Michael Holon	
Signature Michael Hilly	
(By a director, president or other officer – if 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)	
Michael A. Prosser (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President, Director (Title of person signing)	
(Title of person signing)	