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(Re	questor's Name)	
(Ad	dress)	
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(Cil	y/State/Zip/Phone	≥ #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TNT Tiles a	and Marble Inc.		
DOCUMENT NUM	BER: P0000008869	1		
	of Amendment and fee are su			
Please return all corre	espondence concerning this ma	tter to the following:		
	Laurie Attar			
		Name of Contact Person	n	
	Laurie Attar Inc.			
		Firm/ Company		
	1756 NE 37 Stree	et		
		Address		
	Hollywood, FL 33	021		
		City/ State and Zip Cod	e	
flo	orittnt@aol.com			
		ed for future annual report	notification)	
For further information	on concerning this matter, pleas	e call:		
Laurie Attar		_{at (} 954	540-8882	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327			Address Iment Section	
		Division of Corporations		
		Clifton Building		
lai	lahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

I-Nd, liles and Marble Inc.				
(Name of Corporation as currently	filed with the Florida D	ept. of State)		
P00000088691	<u> </u>			
(Document Number	of Corporation (if known)	•		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this <i>Florida</i> .	Profit Corporation ado	pts the following	amendment(s) to
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co.				
word "chartered," "professional association," or the	he abbreviation "P.A."			್ ಪ
D. F-4-uuiiiiiiiiiii-	Ll		2 4 1	<i>a</i>
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL				. E 7
				- m
		·	****	₹ O
C. Enter new mailing address, if applicable:			1.7% 1.7%	:-
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u> </u>			12
				•
D. If amending the registered agent and/or regis	tered office address in F	lorida, enter the name	of the	
new registered agent and/or the new registered	ed office address:			
Name of New Pagistanad Agent				
Name of New Registered Agent				
	(Florida street addre	ss)		
New Registered Office Address:	(City)	, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing R			C.I	
I hereby accept the appointment as registered agent	i. I am Jamiliar with and	accept the obligations	oj ine position.	
Signature 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 Do	<u>be</u>		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	V		Robert Hickey	1756 NE 37 Street	
X Add				Oakland Park, FL	
Remove				33334	
2) Change					
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	additional sheets, if necessary). (Be specific)	
		<u> </u>
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-		
		<u> </u>
-		
		·
If an a	nendment provides for an exchange, reclassification, or cancellation of issued s	hares,
<u>provi</u> (į	ions for implementing the amendment if not contained in the amendment itself not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	***
Adoption of Amendment(s) (CHECK ONE)	
☐ 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"	
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 07/30/2013 Signature	
(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)	_
Thomas Nichols	
(Typed or printed name of person signing)	
Director/President/Secretary	

(Title of person signing)