## P03000063888

(Re	equestor's Name)					
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ALL AHASSEF, FLORID.

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ROBERETO DIAZ TILE SETTER INC					
DOCUMENT NUMBER: P03000	063888				
The enclosed Articles of Amendment and	fee are submitted for filing.				
Please return all correspondence concerni	ng this matter to the following:				
	AL MESA				
(	Name of Contact Person)				
(Firm/ Company)					
	6349 S. ORANGE AVE				
	(Address)				
	ORLANDO, FL 32809 City/ State and Zip Code)				
For further information concerning this m	natter, please call:				
AL MESA	at ( 407 ) 448-3584				
(Name of Contact Person)  Enclosed is a check for the following amount of the	(Area Code & Daytime Telephone Number)  ount made payable to the Florida Department of State:				
\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee				
Mailing Address 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				

## **Articles of Amendment** to **Articles of Incorporation**



of 2010 AUG 31 PM 2: 18 ROBERTO DIAZ TILE SETTER INC (Name of Corporation as currently filed with the Florida Deputor State) TALLAHASSEE, FLORIDA P03000063888

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: position.

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the

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)

<u>Title</u>	Name Address		Type of Action	
VP/D	CARLOS GUTIERREZ	13 N. HART BLVD	🖸 Add	
		ORLANDO,FL 32835	Remove	
S/D	VALENTIN GUTIERREZ	13 N. HART BLVD		
		ORLANDO,FL 32835	Remove	
			<b>D</b> Add	
			Remove	
(attach d	additional sheets, if necessary). (Be s	specific)		
provis	imendment provides for an exchange ions for implementing the amendment applicable, indicate N/A)			
	**************************************		<u>.                                    </u>	

The date of each amendment	(s) adoption:	8	23	2010	_
Effective date if <u>applicable</u> :				2010	
	(no more than 90 days	after amen	dment i	file date)	
Adoption of Amendment(s)	(CHECK O	NE)			
The amendment(s) the amendment(s) by					
The amendment(s) of following statement separately on the an	must be separately				
"The number of	votes cast for the a	mendmen	t(s) w	as/were sufficie	ent for approval by
	(voting group)			<del>-</del> -	
The amendment(s) and shareholder acti			rd of d	lirectors withou	ıt shareholder action
The amendment(s) v shareholder action v		y the inco	orporat	tors without sh	areholder action and
selecte	irector, president or of ed, by an incorporator inted fiduciary by that fill the control of the	rinted name	A To	on signing)	
	PN	Fitle of pers	on sign	ino	
	(,	or bend	BIL	<del></del>	

FILING FEE: \$35