# P03000107014

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#### **COVER LETTER**

, TO: Amendment Section
Division of Corporations

0.63.0001001114	
DOCUMENT NUMBER: P03000107614	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MELBA ROBLETO  Name of Contact Person	
Name of Contact Person	_
N.C. TILE & CARPET OF MARATHON, INC.	
Firm/ Company	_
10899 OVERGEAS HWY.	
Address	_
MARATHON, FL 33050	
City/ State and Zip Code	
netilesmarathon@aol.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mc. 02 0	
MELBA ROBLETO at 305 QK9-3019  Name of Contact Person Area Code & Douting Telephone Num	
Name of Contact Person Area Code & Daytime Telephone Num	ber
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section  Street Address Amendment Section	
Division of Corporations  Amendment Section  Division of Corporations	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	

#### Articles of Amendment

## to Articles of Incorporation of

N.C. TILE & CARPE	T OF MARATHON, INC.
	rrently filed with the Florida Dept. of State)
роз	000 107 614
(Document Num	nber of Corporation (if known)
its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevia B. Enter new principal office address, if applicable:	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	•
<ul> <li>C. Enter new mailing address, if applicable:         (Mailing address MAY BE A POST OFFICE BOX)</li> <li>D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac</li> </ul>	
Name of New Registered Agent	
(Flor	ida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered All hereby accept the appointment as registered agent. I am fam	siliar with and accept the obligations of the position.
Signature of I	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>	<u>Name</u>	Address
1)Change	<u>S</u>	ALBERT ROBLETO	10899 OVERSEAS HWY.
Add			MARATHON, FL 33050
Remove			
2) Change	S	MELBA ROBLETO	MARATHON, FL 33050
Add			MARATHON, FL 33050
Remove			and the state of t
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		· · · · · · · · · · · · · · · · · · ·	
Add			<u> </u>
_ Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  N/A	Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	NIA	
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ili sizes are approximate		
The date of each amendment(s) adoption: date this document was signed.	OCTORER 1, 2015	, if other than the
Effective date if applicable:	OCTOBER 1, 2015	
,	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date of State's records.	will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by	35	
6	voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and shareholder	
Dated		
Signature <u>Melka</u>		
(By a director, pr	esident or other officer - if directors or officers have not been	<del></del>
	accorporator – if in the hands of a receiver, trustee, or other court	
appointed fiducia	ary by that fiduciary)	
	MELBA ROBLETO	
	Melby Robleto (Typed or printed name of person signing)	
	VICE PRESIDENT / TREASURER	
	(Title of nerson signing)	·