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JUN 19 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N:	DPM Marble & Tile, Inc			
DOCUMENT NUMBER: _	P03000133383				
The enclosed Articles of Ame	ndment and fee are st	ibmitted for filing.			
Please return all corresponder	ee concerning this ma	atter to the following:			
		David Michalski			
		Name of Contact Person	1		
		DPM Marble & Tile, I	nc.		
	·	Firm/ Company			
		216 Davis Road			
	···	Address			
		Palm Springs, FL 334	61-1903		
		City' State and Zip Cod	e		
		myfaccounting@comea	st.net		
E-	mail address: (to be u	sed for future annual report			
For further information concer	ming this matter, plea	se call:			
David Michalski		at (561	389-7207 de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the fol	lowing amount made	payable to the Florida Depa	artment of State:		
	\$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 Tallahassee, Fl. 32314		Amend Divisic Clifton	Address Iment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incor	poration
of	• • • • • • • • • • • • • • • • • • •
DPM Marble & T	
(Name of Corporation as currently f	
P03000133383	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this Fh its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	TI
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
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 new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
	
(Florida street	adáress)
New Registered Office Address:	, Florida (Zip Code)
n .	ny
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the 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 hold, 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: <u>X</u> Change	PT	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>	<u>Addres</u> s		
1) Change	VPSD	Michalski, Robin	216 Davis Rd		
Add			Palm Springs, FL 33461		
XRemove					
2) Change					
Add					
Remove			·		
3) Change					
Add					
Remove			,		
4) Change			<u></u>		
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)
	
f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
<u></u>	

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man 40 days after amenament file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this datartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(sicient for approval.	:)
	oved by the shareholders through voting groups. The following stateme ach voting group entitled to vote separately on the amendment(s):	rnt
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholde	·r
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
	6/9/2017	
Dated		
Signature	Michelden	
(By a dir selected,	by an incorporator – if in the hands of a receiver, trustee, or other cour d fiduciary by that fiduciary)	t
	David Michalski	
_	(Typed or printed name of person signing)	
	President	
~	(Title of person signing)	