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## COR AMND/RESTATE/CORRECT OR O/D RESIGN S & S COPING AND TILE, CORP

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Corporate Filing Menu

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TO: Amendment Section Division of Corporations

## **COVER LETTER**

NAME OF CORPORATION:	S & S COPING AND TILE, CORP P04000108719		
DOCUMENT NUMBER:			
The enclosed Articles of Amenda	nent and fee are submitted for filing.		
Please return all correspondence t	concerning this matter to the following:		
	SILVIA T SILVA		
•			

	SILVIA T SILVA
•	Name of Contact Person
	S & S COPING AND TILE, CORP
	Firm/ Company
	6865 HUNTERS CROSSING BLVD
	Address
	LAKELAND, FL 33809
	City/ State and Zip Code
	RDASILVA@LIBERTYTAX.COM

For further information concerning this matter, please call:

SILVIA T SILVA	at ( 813 ) 244-5214
Name of Contact Person	Arca Code & Daytime Telephone Number

E-mail address: (to be used for future annual report notification)

finclosed is a check for the following amount made payable to the Florida Department of State:

535 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy
		Cibioscuj	is enclosed)

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
Tatlahassee, FL 32301



## Articles of Amendment

	to	مور" م
	Articles of Incorporation of	<del>.</del> .
S & 3	S COPING AND TILE, CORP	<i>\</i>
	ation as currently filed with the Florida De	pt. of State)
· · · · · · · · · · · · · · · · · · ·	P04000108719	<u></u>
(Do	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floris Articles of Incorporation:	•	adopts the following amendment(s):
A. If amending name, enter the new name of the	ecorporation:	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cownd "chartered," "professional association," or	orp," "Inc," or "Co". A professional corpo	The new poraled" or the abbreviation paration name must contain the
3. Enter new principal office address, if applies Principal office address <u>MUST BE A STREET A</u>	ible: IDDRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> )	
). If amending the registered agent and/or registered agent and/or the new register		arne of the
Name of New Registered Agent		
	(Fluridu street address)	
New Registered Office Address:		, Florida
	(City)	(Lip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: nt. I am familiar with and accept the obligati	ions of the position.
	Signature of New Registered Agent, if changin	Dg .

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 officertairector 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 = ChiefExecutive 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 Due 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 Due, PT as a Change, Mike Junes, 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)	Title	Name	<u>Addres</u> u
1) Change	Ď	MARCO BRUM ALVES DA SILVA	6865 HUNTERS CROSSING BLVD
X Add			LAKELAND, FL 33809
Remove			
2)Change			
Removo			
3) Change	<del></del>		
Remove			
4) Change			
Add			
51 Change	<del></del>		
Add			
Remove			
6) Change			
Kemove			

	ts, if necessary).	(Be specific)			
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					. <u>. — _</u>
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	·				
	viden for an exchs	inge, reclassificati	on, or cancellation	of issued shares,	
If an amendment pro- provisions for imples (If not applicable,	menting the amen indicate N/A)	dment it not conti	uned in the among	<u> </u>	
provisions for implement	menting the amen indicate N/A)	ament it not com	ented in the among		
provisions for implement	menting the amen , indicate N/A)	dment it not cont	anes il vie amono		
provisions for impler (if not applicable	menting the amen , indicate N/A)	dment it not cont	enes in the among		
provisions for imple (if not applicable	menting the amen	dment it not cont	anes il vie amono		
(if not applicable	menting the amen	dment it not cont	and the among		

The date of each amendment(s) addate this document was signed.	option:	······································	, if other than the
Effective date if applicable:			
<u></u>	(no more than	90 days after amendme	nt file dute)
Note: If the date inserted in this bl document's effective date on the Dep			equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ador by the shareholders was/were sur		The number of votes cast	for the amendment(s)
☐ The amendment(s) was/were approvided for must be separately provided for			
"The number of votes cast I	or the amendment(s) was/v	vere sufficient for approv	ral
hy	(voting group)		99 
	(voting group)		
The amendment(s) was/were ado action was not required.	pted by the board of directo	ors without shareholder a	action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators w	vithout shareholder action	and shareholder
Dated 06/03/2	016		
Signature	For Sil	)	
	rector, president or other o		
	l, by an incorporator - if in ed fiduciary by that fiducia		trustee, or other court
<del></del>	,	-,,	
	SILVIA T SIL	-VA	
	(Typed or print	ed name of person signin	eg)
	VICE	PRESIDENT	
	('Ci)	tle of person signing)	