P04000/45049

| (Reques | stor's Name) | |
|--------------------------------|---------------|-------------|
| (Addres | s) | |
| (Addres | s) | |
| (City/Sta | ate/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Busine: | ss Entity Nar | ne) |
| | | |
| (Docum | ent Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing | g Officer: | |
| | | |
| | | |
| | | |
| | | , |
| | • | |
| | | |

Office Use Only



100080159671

12/12/06--01004--011 **35.00

Amend

FILED

06 DEC 11 AM 9: 10

SECRETARY OF STATE
ANSSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: RIVAL | loof Tile 1000 14504 | Delivery |
|--|---|---|
| DOCUMENT NUMBER: P04 | 1000 14504 | 9 |
| The enclosed Articles of Amendment and fee are | e submitted for filing. | • |
| Please return all correspondence concerning this | , — | |
| Lucia Es | teella | |
| (Name of | f Contact Person) | |
| Ac | curate | |
| | ମର୍ଜ୍ୱ ିନ୍ଦ୍ରେ #118 i, FL 33144 | |
| | (Address) | <u></u> |
| | | |
| . (City/ Sta | ate and Zip Code) | |
| For further information concerning this matter, p | please call: | |
| Lucia Esteella | at () | 68727 |
| (Name of Contact Person) | (Area Code & Daytime Tel | ephone Number) |
| Enclosed is a check for the following amount: | | |
| \$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 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 |
| RIVAL COSF TILE Delivery Coff (Name of corporation as currently filed with the Florida Dept. of State) |
| PO4000145049 (Document number of corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| NEW CORPORATE NAME (if changing): |
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) |
| and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
| Add as Secretaryo |
| JUAN DANIEL RIVERO |
| |
| · · · · · · · · · · · · · · · · · · · |
| |
| · · |
| (Attach additional pages if necessary) |
| If an amendment provides for 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) |
| 3011 NIU 95 100 |

(continued)

| The date of each amendment(s) adoption: 12-4-06 |
|---|
| 12 4 06 |
| Effective date if <u>applicable</u> : $1 \times 7 - 0 \times 6$ (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were approved 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 |
| (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. |
| 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) |
| MARITZA A. KIVERA |
| (Typed or printed name of person signing) |
| 12es |
| (Title of person signing) |

FILING FEE: \$35