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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: MOSAIC TILE A	ND REMODEL INC	
DOCUMENT NUMB	P05000008259		
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.	
Please return all corresp	ondence concerning this ma	itter to the following:	
(CLAYTON A ANDREWS		
-	-	Name of Contact Person	1
	MOSAIC TILE AND REMO	DDEL INC	
-		Firm/ Company	
-	7449 W. GULF TO LAKE	HWY	
-	· · · · · · · · · · · · · · · · · · ·	Address	
(CRYSTAL RIVER, FL 344	29	
-		City/ State and Zip Cod	e
GRTA	X@TAMPABAY.RR.COM	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea-	se call:	
CLAYTON A ANDREWS		352	287-3170
Name o	Name of Contact Person Area Code & Daytime Telephone S		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MOSAIC TILE AND REMODEL INC

P05000008259	currently filed with the Florida Dept. of State)
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ition:
name must be distinguishable and contain the word "con "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc word "chartered," "professional association," or the abbrev	The new orporation," "company," or "incorporated" or the abbreviation are must constitute viation "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>	FILED AND 24 AND 24 AND 25 AN
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Re: 52
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	·
	lorida street address)
· · · · · · · · · · · · · · · · · · ·	
(F) New Registered Office Address:	. Florida

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>6.1.</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> s
I) Change	V	STACY ANDREWS	8051 N. NEIGE PT.
X Add			CRYSTAL RIVER, FL 34428
Remove			
2) Change	D	LOUIS DELMAR	6342 W. MEADOW STREET
XAdd			HOMOSASSA, FL 34446
Remove			
3) Change	 -		
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) (hange			
Add			
Remove			

	dding additional Articles. sheets, if necessary). (B	e specific)		
 				
				
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'an amendmen'	provides for an exchang	e, reclassification, or	cancellation of issued	shares,
<u>provisions for i</u>	nplementing the amendo	<u>ient if not contained i</u>	n the amendment itsel	<u>f:</u>
	rable, indicate N/A)			
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The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date <u>if applicable</u> : _		
	(no more than 90) days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this dat Department of State's records,	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s' e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	ut
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
	ST 22, 2018	
Dated		
Signature		
(By	a director, president or other officer – if directors or officers have not been	
selo	ected, by an incorporator - if in the hands of a receiver, trustee, or other court	
арр	ointed fiduciary by that fiduciary)	
	CLAYTON A ANDREWS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·