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C. GOLDEN JUN 2 9 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: TILES ANDEVIC.	COŘP	6
DOCUMENT NUMBER: P06000004649			
The enclosed Articles of	**************************************	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		VICTORIANO MEDAL	
_		Name of Contact Persor	}
		TILES ALDEVIC, CORE),
		Firm/ Company	
		9543 SW 4TH STREET	
_		Address	
		MIAMI, FL 33174	
_		City/ State and Zip Code	e
	viet	torianomedall@gmail.com	
	E-mail address: (to be us	sed for future annual report	notification)
	concerning this matter, pleas		100 5 10 2
VICTORIANO MEDA		at (de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)

Articles of Amendment Articles of Incorporation

FILED

2017 JUN 22 PM 2: 07

	TILES ALDEVIC.	CORP	1911 OCH C	_
(Name of C	Corporation as currently file	d with the Florida De	pt. of State) [-	EE FLORIDA
	P060000	04649	The Mari	Et. FLUNION
	(Document Number of Cor	ooration (if known)	24	
ursuant to the provisions of section 607.100 s Articles of Incorporation:	06, Florida Statutes, this <i>Flori</i>	da Profit Corporation	adopts the follow	ing amendment(s
. If amending name, enter the new name	of the corporation:			
				The new
ame must be distinguishable and contain 'Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association	m "Corp," "Inc," or "Co".	A professional corpo		abbreviation
3. <u>Enter new principal office address, if a</u> Principal office address <u>MUST BE A STRI</u>				
	_			
	_			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)				
estatung dauress <u>stat die a post op t</u>	<u></u>			
	+			
	_			
If amending the registered agent and/o new registered agent and/or the new re		n Florida, enter the na	ime of the	
Name of New Registered Agent				
_	(Florida street ac	ldress)		
New Registered Office Address:			, Florida	
	(City		(Z.	p Code)
ew Registered Agent's Signature, if chan	iging Registered Agent:			
hereby accept the appointment as registere	d agent. I am familiar with c	ind accept the obligation	ms of the position	1.
	Signature of New Regist	ered 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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	T	VICTORIANO MEDAL	13370 SW 17 LANE APT. 8
Add			MIAMI, FL 33175
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>it amending or a</u> Attach <i>additiona</i> .	dding additional Arti I sheets, if necessary).	(Be specific)	<u>ee(s) here</u> :		
				· · · · · · · · · · · · · · · · · · ·	
 ·					
			-		
			· · · · · · · · · · · · · · · · · · ·		
.					
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provisions for i	t provides for an exchapplementing the amecable, indicate N/A)	nange, reclassific ndment if not co	cation, or cancella ontained in the an	ition of issued sha nendment itself:	res.
			· · · · · · · · · · · · · · · · · · ·		·
	<u> </u>			<u> </u>	
			-		
					·····

MAY 24, 2017	
	, if other than the
date this document was signed.	
MAY 24, 2017	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more blust 70 days differ that thank in just date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted 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)	
(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. 	
MAY 24, 2017 Dated	
Signature Villacto	
(By a diffector, 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)	_
VICTORIANO MEDAL	
(Typed or printed name of person signing)	
TREASURER	
(Title of person signing)	