## P00000010451

| (Req                      | uestor's Name)    |           |
|---------------------------|-------------------|-----------|
| (Add                      | lress)            |           |
| (Add                      | lress)            |           |
| (City                     | /State/Zip/Phone  | 46        |
| City                      | /State/Zip/Pflone | **)       |
| PICK-UP                   | ☐ WAIT            | MAIL      |
| (Bus                      | iness Entity Nam  | e)        |
|                           |                   |           |
| (Doc                      | cument Number)    |           |
| Certified Copies          | Certificates      | of Status |
|                           |                   |           |
| Special Instructions to F | iling Officer:    | -         |
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02/17/06--01060--002 \*\*35.00

DIVISION OF CORPORATIONS

75 3/5/06 NC



February 27, 2006

BERTHA GARCIA C.I.G. TILES CORPORATION 1861 SW 9TH ST MIAMI, FL 33135

SUBJECT: C. I. G. TILES CORPORATION

Ref. Number: P06000010451

We have received your document for C. I. G. TILES CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith Document Specialist

Letter Number: 306A00013609

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: <u>c. i. g tiles corpo</u>  | RATION  |   |
|--|---|---|
| DOCUMENT NUMBER: P06000010451  |   |   |
| The enclosed Articles of Amendment and fee a   | re submitted for filing.  |   |
| Please return all correspondence concerning this   | matter to the following:  |   |
| BERTHA GARCIA  |   |   |
| (Name of C   | Contact Person)   |   |
| C. I. G TILES CORPORATION  |   |   |
| (Firm/   | Company)  |   |
| 1861 SW 9 STREET   |   |   |
| (A   | ddress)   |   |
| MIAMI, FLORIDA 33135   | <u></u>   | <del></del> .   |
| , ,  | el and Zip Code)  |   |
| For further information concerning this matter, ple  | ease call:  |   |
| BERTHA GARCIA  | at (305) 644-8838   |   |
| (Name of Contact Person)   | (Area Code & Daytime Tel  | ephone Number)  |
| Enclosed is a check for the following amount:  |   |   |
| X \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status                                   | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)                         | \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Sectio Division of Corpora 409 E. Gaines Stre Tallahassee, FL 32 | tions<br>et   |

ATX1

Articles of Amendment
to
Articles of Incorporation
of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAR -8 AM 11:30

| C. I. G TILES CORPORATION  |
|--|
| (Name of corporation as currently filed with the Florida Dept. of State)   |
|  |
|  |
| P06000010451   |
| (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):  |
| ISAI ENTERPRISES, INC  |
| (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)   |
| and/of / Italia Title (b) being affected, added of defected. (BE of Eon To)  |
| N/A  |
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| (Attach additional pages if necessary)   |
| (Attack additional pages in 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)                         |
| N/A  |
|  |
|  |
|  |

(continued)

| The date of each amendment(s) adoption: 2/10/2006 |  |  |
|---|--|--|
| Effective date if applicable                      | 9: 2/10/2006   |  |
|   | (no more than 90 days after amendment file date)   |  |
| Adoption of Amendment(s                           | s) ( <u>CHECK ONE</u> )  |  |
| · · · · · · · · · · · · · · · · · · ·             | t(s) was/were approved by the shareholders. The number of votes cast for (s) by the shareholders was/were sufficient for approval.   |  |
| following statem                                  | t(s) was/were approved by the shareholders through voting groups. The nent must be separately provided for each voting group entitled to vote the amendment(s):  |  |
| "The numbe  | r of votes cast for the amendment(s) was/were sufficient for approval by   |  |
| <del></del>                                       | (voting group)   |  |
|   | nt(s) was/were adopted by the board of directors without shareholder action er action was not required.  |  |
|   | nt(s) was/were adopted by the incorporators without shareholder action and tion was not required.  |  |
| Signed this 10 day                                | of FEBRUARY 2006   |  |
| se  | ya director, president or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary) |  |
| <u>C</u>  | (Typed or printed name of person signing)  |  |
| <u>Pf</u>   | RESIDENT (Title of person signing)   |  |

**FILING FEE: \$35**