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Division of Corporations

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**Florida Department of State
Division of Corporations
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(((H12000229608 3)))



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Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : TRANSAMERICA ACCOUNTING & SERVICES INC
Account Number : I20090000046
Phone : (239) 274-8290
Fax Number : (239) 415-7373

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Diaz Espinallatinos@yahoo.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
AYF TILE, INC**

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DIVISION OF CORPORATIONS
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850-817-8381

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September 19, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AYF TILE, INC
3766 METRO PKWY APT 517
FORT MYERS, FL 33916

SUBJECT: AYF TILE, INC
REF: P06000044924

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please indicate the type of action for Juan M Jhonson on the document.

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

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Teresa Brown
Regulatory Specialist II

FAX Aud. #: H12000229608
Letter Number: 312A00023541

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FLORIDA DEPARTMENT OF STATE

P.O BOX 6327 - Tallahassee, Florida 32314

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Articles of Amendment
to
Articles of Incorporation
of

AYF TILE, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P06000044924

(Document Number of Corporation (if known))

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DIVISION OF CORPORATION
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Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	O	JUSTO S LOPEZ DIAZ	3766 METRO PKWY APT 517 FORT MYERS FL 33916
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	O	MARIA T LOPEZ DIAZ	3766 METRO PKWY APT 517 FORT MYERS FL 33916
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	JUAN M JHONSON	3766 METRO PKWY APT 517 FORT MYERS FL 33916
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	DIR	LUIS MAURICIO DIAZ NUNEZ	3766 METRO PKWY APT 517 FORT MYERS FL 33916
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

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The date of each amendment(s) adoption: 09/17/2012

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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)

☐ 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.

Dated 09/17/2012

Signature

Mayra P. Diaz

(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)

MAYRA P. DIAZ

(Typed or printed name of person signing)

President

(Title of person signing)

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