P06000052142

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phor. #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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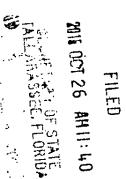
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COVER LETTER

TO:	Amendment Section				
	Division of Corporations				

NAME OF CORPORATION: PF TILE CORP						
DOCUMENT NUMBE	R: P0600005214	2				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.				
Please return all correspondent	ondence concerning this mat	tter to the following:				
A	ANGEL DIEZ					
<u>-</u> נ	Name of Contact Person DBS DIEZ BUSINESS SERVICES INC					
4	Firm/ Company 4125 W WATERS AVE					
	TAMPA, FL 33614					
		City/ State and Zip Code				
DBS	5.10@VERIZON.		otification)			
	E-mail address: (to be us	ed for future annual report n	otification)			
For further information of	concerning this matter, pleas	e call:				
ANGEL DIEZ		_{at (} 813	, 871-1816			
Name of	Contact Person		e & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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		Division Clifton I 2661 Ex	nent Section of Corporations			

Articles of Amendment to Articles of Incorporation of

FILED

PF TILE CORP	2015 OCT 26	4M 11: 40
(Name of Corporation as currently filed with the Florida Dept	t. of State) management	F STATE
(Name of Corporation as currently filed with the Florida Dept P0600052142	338EARALIAT	. FLORIO
(Document Number of Corporation (if known)	11/2	

endment(s) to

(Document Number of Corporation	(if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amer		
A. If amending name, enter the new name of the corporation:	Th.		
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain		
B. Enter new principal office address, if applicable:	1723 LAKEWOOD RANCH BLVD		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	BRADENTON, FL 34211		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1723 LAKEWOOD RANCH BLVD		
	BRADENTON, FL 34211		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	dress in Florida, enter the name of the ss:		
(Florida :	street address)		
New Registered Office Address:	, Florida		
(Cit	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligations of the position.		
Signature of New Registered	d 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	D		CHRISTIAN RIVERA RIVERA	1723 LAKEWOOD RANCH BLVD
X Add				BRADENTON, FL 34211
Remove				
2) Change	D	_	JOAO GERALDO FLOR	13925 HENSON CIR
Add				TAMPA, FL 33625
X Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necessary).	icles, enter change(s (Be specific)			
		·		
<u> </u>				
				
an amendment provides for an excl provisions for implementing the ame	nange, reclassificati	on, or cancellation	on of issued share	·S ₁
(if not applicable, indicate N/A)				
			· · · · · · · · · · · · · · · · · · ·	
		<u>.</u>		
		<u></u> .		

10/22/2015	20 41 41 41
The date of each amendment(s) adoption:	, if other than the
10/22/2015	
Effective date if applicable: (no more than 90 days after amendment)	nt file date)
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. To must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for approv	al
by(voting group)	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder a action was not required.	ction and shareholder
■ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	and shareholder
Dated 10/22/2015 Signature (By a director, president or other officer – if directors or off	icers have not been
selected, by an incorporator – if in the hands of a receiver, t appointed fiduciary by that fiduciary)	
PAOLO A MENDIETA N	MENDOZA
(Typed or printed name of person	signing)
V/D	

(Title of person signing)