

PDL0000055334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700267505577

12/22/14--01009--025 \*\*95.00

FILED  
OFFICE OF THE CLERK  
14 DEC 22 PM 2:17

Amend  
@ 12/24/14

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LUKAS TOTAL TILE INSTALLATION, INC.

DOCUMENT NUMBER: P06000058334

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nick Wilmot

Name of Contact Person

Debbie's Accounting Service, Inc

Firm/ Company

3575 Southside Blvd

Address

Jacksonville, FL 32216

City/ State and Zip Code

tomcrego@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nick Wilmot

Name of Contact Person

at ( 904 ) 733-4547

Area Code & 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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
STATE DEPT. OF REVENUE  
14 DEC 22 PM 2:17

LUKAS TOTAL TILE INSTALLATION, INC.

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

P06000058334

(Document Number of Corporation (if known))

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* GJURAJ, ARDIAN

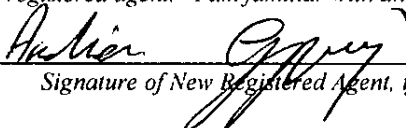
4737 CUMBERLAND COVE COURT

(Florida street address)

*New Registered Office Address:* JACKSONVILLE, Florida 32257  
(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

(Attach additional sheets, if necessary)

*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.*

**Example:**

<u>X</u> Remove	<u>V</u>	Mike Jones
-----------------	----------	------------

Type of Action  
(Check One)

Address

4737 Cumberland Cove Ct

Jacksonville, FL 32257

4737 Cumberland Cove Ct

Jacksonville, FL 32257

4263 Losco Rd # 1422

Jacksonville, FL 32257

4737 Cumberland Cove Ct

Jacksonville, FL 32257

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

Removing Arben Gjuraj, Removing Mirdash Cela, Changing Title of Ardian Gjuraj

Adding Altin Spaho as Director.

**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)*

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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):*

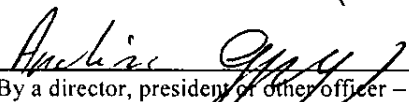
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 12/18/14

Signature   
(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)

Ardian Gjura  
(Typed or printed name of person signing)

VP  
(Title of person signing)