

Florida Department of State
Division of Corporations
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Division of Corporations
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TALLAHASSEE, FLORIDA

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FILED

Amend
7-6-10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BEGIN TILE CORP

DOCUMENT NUMBER: P06000147680

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

Please return all correspondence concerning this matter to the following:

GIVA FRANCO UCHOA

Name of Contact Person

BEGIN TILE CORP

Firm/ Company

1457 S KIRKMAN RD APT. 1013

Address

ORLANDO, FL 32811

City/ State and Zip Code

maria@aitplus.com

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

For further information concerning this matter, please call:

GIVA FRANCO UCHOA

Name of Contact Person

at (407)

582-9830

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**

BEGIN TILE CORP

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

P06000147680

(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**)

1457 S KIRKMAN RD APT. 1013

ORLANDO, FL 32811

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1457 S KIRKMAN RD APT. 1013

ORLANDO, FL 32811

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:

GIVA FRANCO UCHOA

New Registered Office Address:

1457 S KIRKMAN RD APT. 1013

(Florida street address)

ORLANDO

(City)

Florida 32811

(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.

Giva Franco Uchoa

Signature of New Registered 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PD</u>	<u>Jose M Paiva</u>	<u>2849 Roseglen Way</u> <u>Orlando, FL 32812</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Sivair da Silva</u>	<u>2849 Roseglen Way</u> <u>Orlando, FL 32812</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Dir</u>	<u>Sillas N de Almeida</u>	<u>2849 Roseglen Way</u> <u>Orlando, FL 32812</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Dir	Divino B. Soares	2849 Roseglan Way Orlando, FL 32812	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Dir	Alair S. Pimenta	2849 Roseglan Way Orlando, FL 32812	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Dir	Arlindo Guimaraes	2849 Roseglan Way Orlando, FL 32812	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	GIVA FRANCO UCHOA	1457 S KIRKMAN RD APT 1013 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	CARLOS O. ZULETA	1457 S KIRKMAN RD APT. 1013 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	EDUARDO DE JESUS	1457 S KIRKMAN RD APT. 1013 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	ELIANDRO COSTA	1457 S KIRKMAN RD APT 1013 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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)

The date of each amendment(s) adoption: 07/02/2010

(date of adoption is required)

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 07/02/2010

Signature

GIVA Franco Uchoa

(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)

GIVA FRANCO UCHOA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)