

Florida Department of State  
Division of Corporations  
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107000068690

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

From: Account Name : EAGLE TAX REPRESENTATION, CORP.  
Account Number : I20070000037  
Phone : (954) 752-4553  
Fax Number : (954) 752-4522

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

Email Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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COR AMND/RESTATE/CORRECT OR O/D RESIGN  
AMER TILE, INC

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

10/11/10  
Handwritten signature and date

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** AMER TILE, INC

**DOCUMENT NUMBER:** P07000068690

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

Please return all correspondence concerning this matter to the following:

ALFREDO M MENDEZ RAMIREZ  
Name of Contact Person

EAGLE TAX REPRESENTATION, CORP  
Firm/ Company

4641 N STATE ROAD 7 - STE 18  
Address

COCONUT CREEK, FL - 33073  
City/ State and Zip Code

PAULO@EAGLE-TAX.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paulo Oliveira, E.A. at ( 954 ) 752-4553  
Name of Contact Person 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

#1554 P. 003/005  
**FILED**

2010 OCT 14 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**AMER TILE, INC**

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

**P07000068690**

(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:* \_\_\_\_\_

*New Registered Office Address:* \_\_\_\_\_  
*(Florida street 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*

**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>
VP	Samisto D Ramirez	2919 Villa Del Lago Lake Worth, FL - 33461	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	Rufino M Mendez	2919 Villa Del Lago Lake Worth, FL - 33461	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Abelino Temaj	2919 Villa Del Lago Lake Worth, FL - 33461	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

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**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)*

N/A

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The date of each amendment(s) adoption: 10/14/2010

Effective date if applicable: 10/14/2010  
*(date of adoption is required)*  
*(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 10/14/2010

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)

ALFREDO M MENDEZ RAMIREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)