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S TALLENT FEB 1 5 2018



Amend

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: E & D T	FILE INSTALLATIONS O	CORP		
DOCUMENT NUMBER		P09000016404			
The enclosed Articles of A	Amendment and fee are su	ibmitted for filing.			
Please return all correspoi	ndence concerning this ma	atter to the following:			
		EVELIO AGUINAGA	1		
	Name of Contact Person				
	E & D TILE INSTALLATION CORP				
_	Firm/ Company				
		8605 BARKWOOD	PL		
	Address				
	TAMPA FLORIDA 33615				
		City/ State and Zip Coo	le		
	PI	IOENIXBPG@GMAIL.C	ΟM		
	E-mail address: (to be us	sed for future annual repor	t notification)		
	ncerning this matter, pleas		150 2201		
EVELIO AGUINAGA		at () 458-3294 ode & Daytime Telephone Number		
Name of C	ontact Person	Area Co	ode & Daytime Telephone Number		
Enclosed is a check for the	e following amount made	payable to the Florida Dep	artment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Amen Divisi Clifto 2661 I	Address dment Section on of Corporations n Building Executive Center Circle hassee, F1, 32301		

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P09000016404	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	rporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	""corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u>	
C. Enter new mailing address, if applicable:	FILEC BIL PH
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	23.0 23.0 23.0 23.0 23.0 23.0 23.0 23.0
O. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi- thereby accept the appointment as registered agent. I	i <mark>stered Agent:</mark> I am familiar with and accept the obligations of the position.
Signa	tture 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)

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 Doe				
X Remove	$\underline{\mathbf{v}}$	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name Agri 494.	Address			
1) Change	T	DARIEL DIAZ AQUINAGA	8605 BARKWOOD PL			
X Add			TAMPA FL 33615			
Remove						
2) Change	VP	YUELSON MEDINA	8605 BARKWOOD PL			
Add			TAMPA FLORIDA 33615			
X Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

	sary). (Be specific)			
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<u>-</u> -	_			
	<u> </u>			
			<u> </u>	
				
 -	<u> </u>	-		
		cation, or cancellation o	is <u>sued shares,</u>	
If an amendment provides for :	an exchange, reclassific			
provisions for implementing t	<u>he amendment if not co</u>	ntained in the amendm	ent itself:	
If an amendment provides for a provisions for implementing to (if not applicable, indicate	<u>he amendment if not co</u>	ontained in the amendm	ent itself:	
provisions for implementing t	<u>he amendment if not co</u>	ontained in the amendm	ent itself:	
provisions for implementing t	he amendment if not co	ontained in the amendm	ent itself:	_
provisions for implementing t (if not applicable, indicate	he amendment if not co	ontained in the amendm	ent itself:	
if not applicable, indicate (if AQUINAGA 98 %	he amendment if not co	ontained in the amendm	ent itself:	
if not applicable, indicate (if AQUINAGA 98 %	he amendment if not co	A .	ent itself:	
provisions for implementing t (if not applicable, indicate	he amendment if not co	ontained in the amendm	ent itself:	
cif not applicable, indicate (if AQUINAGA 98 %	he amendment if not co	A .	ent itself:	
cif not applicable, indicate (if AQUINAGA 98 %	he amendment if not co	A .	ent itself:	
cif not applicable, indicate (if AQUINAGA 98 %	he amendment if not co	A .	ent itself:	
cif not applicable, indicate (if AQUINAGA 98 %	he amendment if not co	A .	ent itself:	
If an amendment provides for provisions for implementing to (if not applicable, indicate) ELIO AQUINAGA 98 % ARIEL DIAZ AQUINAGA 2%	he amendment if not co	A .	ent itself:	
cif not applicable, indicate (if AQUINAGA 98 %	he amendment if not co	A .	ent itself:	
cif not applicable, indicate (if AQUINAGA 98 %	he amendment if not co	A .	ent itself:	

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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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.	
DatedSignature	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	