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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: SOUZA TILE & MARBLE CORP DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSE BARROS Name of Contact Person SOUZA TILE & MARBLE CORP Firm/ Company 952 SE DAMASK AVE Address PORT ST LUCIE FL 34983 City/ State and Zip Code Wftaxes.more@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (772) 8288008

Area Code & Daytime Telephone Number JOSE BARROS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporatio	n
SUITATILEEN	virble Corn.
(Name of Corporation as currently filed wit	h the Florida Dept. of State)
D090000	50189
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pr</i> its Articles of Incorporation:	aju Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profession "chartered," "professional association," or the abbreviation "P.A."	or "incorporated" or the abbreviation "Corp" onal corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	: 22
C. Enter new mailing address, if applicable:	, and the same of
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	٠
D. If amending the registered agent and/or registered office address in Flo	rida anter the name of the
new registered agent and/or the new registered office address:	rida, enter the name of the
Name of New Registered Agent	
(Florida street address	
New Registered Office Address:	Florida
(Chy,	(Zip Code)
N. D. C. La V. La V. C. La V. La V. C. La V. C. La V. La	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent.	ecept the obligations of the position.
Signature of New Registered	Agent. if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	JOSE BARROS	982 SE DAMASK AVE
Add			PORT ST LUCIE FL 34983
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

(Attach ad	ling or adding additional additional additional sheets, if necessar	y). (Be specific)				
E PRINC	CIPAL ADDREES TO BE 9	 982 SE DAMASK A'	VE PORT ST LU	CIE FL 34983		
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provisio	nendment provides for an o	amendment if not co	ation, or cancella ontained in the ar	ation of issued sh mendment itself:	ares,	
(<i>if 1</i>	not applicable, indicate N/A)				
					<u> </u>	
						
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<u> </u>						
						
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date this document was signed.	option:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) Ticient for approval.
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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)
, <u> </u>	(voting group)
Dated	29/21
Signature	
selected	l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Jose Barros
	(Typed or printed name of person signing) \(\begin{align*} \cdot
	V.es.
	(Title of person signing)