Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099
Phone : (813)932-5244

Fax Number : (813)932-3782

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

Email Address: JASON@ACTIVATEMYLICENSE.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN AVATAR TILES AND FLOORING INC. \wedge

Certificate of Status	U
Certified Copy	0
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RECEIVED 13 NOV 13 PM 2: 08 Amend (1011/14/13 From: Jason Morales

Fax: +1 (813) 445-7084 102

To: (((H13000251479 3))) E Fax: +1 (850) 817-6380

Page 3 of 6 11/13/2013 1:25

COVER LETTER

(((H13000251479 3)))

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TO: Amendment Section Division of Corporations

•	_			to TVo
NAME OF CORE	PORATION:A	VATAR TILE	S AND FLOORIN	NG INC.
DOCUMENT NU	JMBER:		P10000001796	
The enclosed Artic	cles of Amendment and fee	are submitted f	or filing.	
Please return all co	orrespondence concerning th	nis matter to the	e following:	
	č	ASON D MOI	RALES	
		Name of Contact	Person	
	CONTRACTOR	S REPORTIN	G SERVICE, IN	c
		Firm/Compa	ny	
	137	95 N Nebra	ska Ave	
		Address		
	T	lampa, FL	33613	
		City/ State and Zi		
	dason@act	ivatemylic	ense.com	
	E-mail address: (to be us			
	ation concerning this matter	-		
			(813) 932-	
Name	e of Contact Person	Aı	ea Code & Daytime Te	elephone Number
Enclosed is a chec	k for the following amount	made payable	to the Florida Depar	rtment of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certifi	Filing Fee & ed Copy onal copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclose
Mailing A	ddress	Street A	ddress	
Amendme			nent Section	
Division o	f Corporations	Division	of Corporations	
P.O. Box 6	<u>-</u>	Clifton l	Building	
	e E1 32314		ecutive Center Circ	ه اه

Tallahassee, FL 32301

From: Jason Morales

Fax: +1 (813) 445-7084 102

To: (((H130002514793))) C Fax: +1 (850) 617-6380

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Articles of Amendment

to

Articles of Incorporation

οť

AVATAR	TILES AND FLOOR	RING INC.		
(Name of Corporation	as currently filed with	the Florida Dept. o	<u>f State</u>)	
	P10000001796			
(Docur	nent Number of Corpora	tion (if known)	_	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this	Florida Profit Corp	oration adopts	the following
A. If amending name, enter the new name of	f the corporation:			
			T	he new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "I	nc," or "Co". A pi	rofessional corp	
B. Enter new principal office address, if app				
(Principal office address MUST BE A STREE	TADDRESS)			34
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI) D. If amending the registered agent and/or i	CE BOX)	in Florida, enter tl	he name of the	SECULO LOS PROPERTOS POR PARA PARA PARA PARA PARA PARA PARA
new registered agent and/or the new regi	stered office address:			
Name of New Registered Agent:				
New Registered Office Address:	(Florida stree	t address)		
			lorida	
	(City)	(Zip Co	ae)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a		and accept the obli	gations of the po	osition.
. <u> </u>	Signature of New Registe	red Agent, if changin		

From	: Jason	Morales

Fax: +1 (813) 445-7084 102

To: (((H130002514793))) E Fax: +1 (850) 617-6380

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If amending the Officers and/or Directors, enter the title and name of each officer/director being

<u>Title</u>	<u>Name</u>	Address	Type of Action
D	PABLO M HOLGUIN	7752 CARRIAGE POINTE DR GIBSONTON, FL 33534	☐ Add ☑ Remove
<u>_</u>	GBORGE E DE LA TORRE BARBER	10103 HUNTERS POINT CT TAMPA, FL 33605	Add Remove
			☐ Add☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	*		☐ Add ☐ Remove

	☐ Remove
	☐ Add ☐ Remove
	☐ Add ☐ Remove
	□ Add □ 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 10 SHARES CURRENTLY HELD BY (D) PABLO M HOLGUIN ARE BEING TRANSFERRED TO (S) GEORGE E DE LA TORRE BARBER.	

•	ent(s) adoption: 11/12/2013 (date of adoption is required)
Effective date if applicabl	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
	were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement sided for each voting group entitled to vote separately on the amendment(s):
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval
by	"
	(voting group)
The amendment(s) was action was not required	were adopted by the board of directors without shareholder action and shareholder
The amendment(s) was action was not required	were adopted by the incorporators without shareholder action and shareholder
Dated_1	1/12/2013
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)
	LUCIANO DO PRADO SOUZA JR
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)