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DIVISION OF CORPORALIJES

Amund Mome Ch8

COVER LETTER

TO: Amendment Division of C			
NAME OF COR	PORATION: TUSC	ios Hardwar	1 Floors of Tile
DOCUMENT N	JMBER: PIOO	1871600	
The enclosed Arti	cles of Amendment and fee a	re submitted for filing.	·
Please return all co	orrespondence concerning thi	s matter to the following:	
	Meh	in Turcios	
	N	ame of Contact Person	
	Turcias Hara	Firm/ Company	A Tite Corp
	2248 Sh) 14 St	
. ·	Mari	Address FL 33145	
	Ci	ty/ State and Zip Code	·····
	Alexi sel Mag E-mail address: (to be used	nate20086hotma I for future annual report notification)	El. COM
For further informa	ation concerning this matter,	please call:	
Nelvin	Turcios	at (786.) 587	-2380
Name	of Contact Person	Area Code & Daytime Te	
Enclosed is a check	k for the following amount m	ade payable to the Florida Depar	tment 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 Adamendment Division of P.O. Box 6. Tallahassee	nt Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ. Tallahassee, FL 32301	le

Articles of Amendment

to

Articles of	Incorporation
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15F400001

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

Turcios Hardwoo

(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation TURCIOS HOLLOW HOUSE name must be distinguishable and contain the word "corporabbreviation "Corp.," "Inc.," or Co.," or the designation "Contain the word "chartered," "professional association and "chartered," "profes	oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2248 SW 14 ST Mani FC 33145
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same Same
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
· ·	nTurcios.
	la street address) , Florida 33145 (Zip Code)
New Registered Agent's Signature, if changing Registered Agented hereby accept the appointment as registered agent. Lamfamily Signature of New F	

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)

Title	<u>Name</u>		Address	Type of Action
<u>vp</u>	yenny	Sequer	9 1522 NW 368 NIGHT FL 331	Add Remove
P	MélvinT	urcios	27488W14St Nami Fl 33149	XAdd
	.			
	nding or adding additional sheets, if nece			·
			assification, or cancellation of	
(if	not applicable, indicate	N/A)		

The date of each amendment(
Effective date if applicable:	(date of adoptionlis required) 3 3 1 1 (no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) the sufficient for approval.
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	voting group) ."
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated	3/22/11
selec	director, president or other officer – if directors or officers have not been ted by an incorporator – if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)
	LINE OF BERSON STORING I