P12000097541

(Rec	juestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	#)
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Q6√05/15---Q1007---Q02 ••€



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: UG TILE & MARI	BLE INC	
DOCUMENT NUMB	ER: P12000097541		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	DIOGO ALBUQUERQUE		
•		Name of Contact Perso	n
	UG TILE & MARBLE INC		
•		Firm/ Company	
	7552 FAWN LAKE DR N		
-		Address	
	JACKSONVILLE FL 32256		
-		City/ State and Zip Cod	e
UGTI	LE@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call: at (at (6002006
	Contact Person)
	the following amount made		·
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amenc Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

•	Articles of
UG TILE & MARBLE INC	

(Name of Corporation as curre	ntly filed with the Florida Dept. of St	ate)
P12000097541		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the	ne following amendment(s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporate	tion " "company " or "incorporated"	The new
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation n	
B. Enter new principal office address, if applicable:	7552 FAWN LAKE DR N	
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE FL 32256	
		201 SE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7552 FAWN LAKE DR N	JUN -
(JACKSONVILLE FL 32256	ASS - P (1)
		- FA 39
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		<u>he</u>
Name of New Registered Agent		
Name of New Registered Agem		
(Florida	street address)	_
New Registered Office Address:	, Floric	da
, tell tell tell tell tell tell tell tel	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt·	
I hereby accept the appointment as registered agent. I am familia		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)

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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	DIOGO ALBUQUERQUE	7552 FAWN LAKE DR N
Add		-	JACKSONVILLE FL
Remove			32256
2) X Change	UF	EMILLY ALBUQUERQUE	7552 FAWN LAKE DR N
Add			JACKSONVILLE FL
Remove			32256
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
THE PRESIDENT DIOGO HAS THE 90 PERCENT OF OWNERSHIP AND EMILY HAS THE 10 PERCENT OF OWN	E١	
	cific)	
	_	
	_	
	_	
	_	
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)		
	_	
	_	
	_	

• • •	05/31/2019	
The date of each amendment(s) a date this document was signed.	doption:	, 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 document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	l not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	05/31/3019.	
Signature		
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	_
	DIOGO ALBUQUERQUE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	