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(((H190002125503)))



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To:

Division of Corporations

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From:

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Email Address: DD LARME 83 @ GMAL

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COR AMND/RESTATE/CORRECT OR O/D RESIGN MD TILE INSTALLATION INC

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Tallahassee, FL 32314

TO: Amendment Section

H190002125503

COVER LETTER

Division of Corporations NAME OF CORPORATION: MD THE INSTALLATION INC DOCUMENT NUMBER: P12000100515 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DIEGO DELARME Name of Contact Person MD TILE INSTALLATION INC. Firny Company 7216 Hamilton Park Blvd Address TAMPA, FL 33615 City/ State and Zip Code DDLARME83@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please cali: DIEGO DELARME Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fcc & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tullahussee, FL 32301

H190002125503

Articles of Amendment to Articles of Incorporation of

MD TILE INSTALLATION INC	
(Name of Corporation a	s currently filed with the Florida Dept. of State)
1120001007313	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corpor	ration:
	The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp." "I word "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviation Inc." or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	函) -10 9
C. Enter new mailing address, if applicable:	-
(Muiling address MAY BE A POST OFFICE BOX)	<u> </u>
	<u> </u>
	ر 26 المالية (26 ا
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 	ffice address in Florida, enter the name of the enddress;
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	m, /,
	(City), Florida(Zip Code)
	124
New Registered Agent's Signature, if changing Registers	rd Agent:
hereby accept the appointment as registered agent. I am,	familiar with and accept the obligations of the position.
	··· • • • • • • • • • • • • • • • • • •
·	
Signature	of New Registered Agent, if changing

H19000212550

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name address of each Officer and/or Director being added:

DDS TAX SERVICE

(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= Treosurer; S= Secretary; D= Director; TR* Trustee; C = Chairman or Clerk; CEO - Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. The a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Ch. Mike Jones, V as Remove, and Sally Smith, SV as an Add,

Example: X Change	PT	John <u>Doe</u>	
X Remove	<u>v</u>	Mike Jones	
_X Add	SX	Sally Smith	
Type of Action (Check One)	_Title	<u>Name</u>	∆ddress
1) Change	<u>s</u>	JOSÉ J DIAS ALMEIDA	7604 TIMBERSTONE DR APT F
Add Remove			TAMPA, FL 33615
2) Change	S	THIAGO GOMES DOS SANTOS	8843 BEACON LAKES DR
X ^dd		· · · · · · · · · · · · · · · · · · ·	АРТ 106
Remove			TAMPA, FL 33615
3)Change			
Add			
Remove			
4) Change			
Add			···
5) Change			
Add			
Remove			
δ) Change		·	
Add			
Remove			

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The date of each amendment(s) addate this document was signed.	loption:	, if other tha
Effective date if applicable:		
···	(no more than 90) days after umendment file date)	_ ·
Note: If the date inserted in this b document's effective date on the De	fock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed a
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes east for the ameno	lment(s)
The amendment(s) was/were approvided for a	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	uatement 9):
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted the action was not required.	oted by the board of directors without shareholder action and shar	cholder
☐ The amendment(s) was/were adoptection was not required.	oted by the incorporators without shareholder action and sharehold	der
Dated	Pth. 2019	
Signature *	jefo A. DELARME	
(By a dir selected	rector, president or other officer - if directors or officers have not by an incorporator - if in the hands of a receiver, trustee, or other diductory by that fiductory)	been or court
Į	DIEGO DELARME	
_	(Typed or printed name of person signing)	
F	PRESIDENT	

(Title of person signing)