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| | Division of Co | rporations | |
|---------|-----------------|--|----------------------|
| | | : (850)617-6380 | |
| from: | | | |
| | Account Name | : TAX PLACE | |
| | Account Number | : I20100000011 | 7020 |
| | Phone | : (954)369-4444 | - 70 |
| | Fax Number | : (954)369-4446 | VON. |
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| **Enter | the email addre | ess for this business entity t | o be used for future |
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COR AMND/RESTATE/CORRECT OR O/D RESIGN EXCELL TILE, CORP.

| Certificate of Status | 0 |
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Corporate Filing Menu

Help

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Articles of Amendment to Articles of Incorporation of

| EXCELL TILE, CORP. | | | |
|---|--|----------------------------------|----------------------------------|
| (Name o | of Corporation as currently | filed with the Florida Dept. o | f State) |
| P13000045102 | | | |
| | (Document Number of | Corporation (if known) | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, this I | Florida Profit Corporation adop | ots the following amendment(s) (|
| A. If amending name, enter the new na | ame of the corporation: | | |
| | | | The new |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Contracted," "professional association," | Corp," "Inc." or "Co". A | | e must contain the word |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 4293 Mariners Cove Drive | <i>(</i>) } ≥ |
| | | Wellington FL 33449 | ह न |
| | | | 77 V |
| C. Enter new mailing address, if appli (Mailing address MAY BE A POST | | 4293 Mariners Cove Drive | |
| | | Wellington FL 33449 | - |
| | | | |
| D. If amending the registered agent ar new registered agent and/or the new | | | of the |
| Name of New Registered Agent | | | |
| | 4293 Mariners Cove Drive | | |
| | (Florida sue | eet address) | |
| New Registered Office Address: | Wellington | TI TI | 33449 Plorida |
| HEW REGISTER Office Aum 550. | | (City) | (Zip Code) |
| | | | |
| New Registered Agent's Signature. if c f hereby accept the appointment as registered. | t <mark>hanging Registered Agent:</mark> tered agent. I am familiar w | ith and occept the obligations o | if the position. |
| | Signature of New Re | egistered Agent, if changing | |
| | 0.8 vy 1 x | -a-nana na naan, y onangma | |
| Check if applicable The amendment(s) is/are being filed p | oursuant 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)

Example:

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 | $\underline{\mathbf{v}}$ | Mike Jones | j |
| X Add | <u>\$V</u> | Sally Smith | <u> </u> |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) X & A | VP | Fernando Sanches | 4293 Mariners Cove Drive |
| Add | | | Wellington FL 33449 |
| Remove 2) | P | Francisco Fainor S. Lima | 4293 Mariners Cove Drive |
| Add | | | Wellington FL 33449 |
| Remove Change | | - | |
| Add | | | |
| Remove 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change | | - | |
| Add | | | |
| Remove | | | |

| | (Be specific) | | | |
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| | 11/17/2020 | |
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| The date of each amendment(s date this document was signed. | adoption: | , if other than the |
| · | | |
| Effective date <u>if applicable</u> : | (no manufaction of the contraction of the contracti | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the | s block does not meet the applicable statutory filing requirements, t Department of State's records. | his date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were action was not required. | edopted by the incorporators, or board of directors without shareholds | er action and shareholder |
| The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amend sufficient for approval. | ment(s) |
| | approved by the shareholders through voting groups. The following s for each voting group entitled to vote separately on the amendment(s) | |
| "The number of votes c | ast for the amendment(s) was/were sufficient for approval | |
| by | ." | |
| | (voting group) | |
| 11/17/20 | 120 | |
| Dated | | |
| | | |
| Signature | -11/ | |
| sele | a director, president or other officer – if directors or officers have not cted, by an incorporator – if in the hands of a receiver, trustee, or othe pinted fiduciary by that fiduciary) | |
| | Suely Oliveira | |
| | (Typed or printed name of person signing) | |
| | As Power of Attorney | |
| | (Title of person signing) | |