P13000087482

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: AGUIRIANO TIL	E AND MARBLE CORP		
	BER: P 13000087682			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	RAFAEL VASCONEZ			
	-	Name of Contact Person	1	
,	REV MULTI SERVICE INC	5 .		
1		Firm/Company		
	1735 NE 157 TER	•		
		Address		
	MIAMI FL. 33162	•		
		City/ State and Zip Code		
REV	MULTISERVICE@AOL.CO	M	•	
	E-mail address: (to be us	sed for future annual report	notification)	
•		•	•	
For further information	on concerning this matter, pleas	se call:		
LUIS H VELASQUI	EZ	at (305	∵2067804	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment 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)	
	illing Address endment Section		Address ment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CIRCLE POME OF THE PROFESSOR PROFESSOR FOR PERSIVIO

15 OCT -5 PM 3: 48

AGUIRIANO TILE AND MARBLE CORP

(Name of	Corporation as currently filed with the Florid	la Dept. of State)
P13000087682		
11.0	(Document Number of Corporation (if known	1)
ursuant to the provisions of section 607.10s Articles of Incorporation:	006, Florida Statutes, this <i>Florida Profit Corpora</i>	ation adopts the following amendment(s
. If amending name, enter the new nar	ne of the corporation:	
		The new
ame must be distinguishable and conta Corp., " "Inc.," or Co.," or the designa ord "chartered," "professional associati	in the word "corporation," "company," or "tion "Corp," "Inc," or "Co". A professional on," or the abbreviation "P.A."	incorporated" or the abbreviation
. Enter new principal office address; if	applicable:	
Principal office address <u>MUST BE A ST</u>		
	·	.
Enter new mailing address, if application	able:	
(Mailing address MAY BE A POST O	<u> </u>	
		
•		
). If amending the registered agent and	or registered office address in Florida, enter t	he name of the
new registered agent and/or the new		
W. CM. D. C. LA		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
TON TOO MICE CO Office field Con.	(City)	(Zip Code)
iew Registored Agant's Signature if ch	unging Pegistared Agents	
		igations of the position
	unging Registered Agent: red agent. I am familiar with and accept the obl	igations of the position.
New Registered Agent's Signature, if chi hereby accept the appointment as register		igations of the position.
		igations of the position.

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 = 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	PT	<u>John D</u>	0 <u>0e</u>			
X Remove	<u>V</u>	Mike J	ones		•	
X Add	<u>\$V</u>	Sally S		•		
Type of Action (Check One)	Title		Name		<u>Addres</u> s	
1) Change	<u>v</u>	_	MARIO R AGUIRIANO	-	1540 NE 173 ST	
X Add					N. MI'AMI BEACH'	FL. 33162
Remove	•					
2) Change				•		<u> </u>
Add				- .		;·
Remove						
3)Change		<u>—</u> .		_		
Add						
Remove	· · · · · · · · · · · · · · · · · · ·					3.00 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
4) Change			· · ·	,	•	·, · · · · · · · · · · · · · · · · ·
Add						
Remove						
5) Change		<u> </u>		•		
Add					•	
Remove	•					
6) Change		i.		:		
Add		- . ,		•		
Remove						

(Attach additiona	l sheets, if necessary).		•
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	The second		
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			<u> </u>
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F. If an amendmen	t provides for an exch	ange, reclassification, or cancellation of issued shares,	
provisions for i	mplementing the americable, indicate N/A)	ndment if not contained in the amendment itself:	
(y noi appii	cuole, malcule WA)		
	·		
<u> </u>			•
•			

	09/21/2015	\$ B 955
The date of each amendment(s) date this document was signed.	adoption:	SERROTA OF CLEOCATIONS
Effective date if applicable:	(no more than 90 days after a	15 OCT -5 PM 3:48
Note: If the date inscreed in this document's effective date on the I		y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of ve sufficient for approval.	otes cast for the amendment(s)
	pproved by the shareholders through voting go or each voting group entitled to vote separate	
"The number of votes ca	st for the amendment(s) was/were sufficient for	or approval
by	(voting group)	"
action was not required.	dopted by the board of directors without share	
action was not required.	dopted by the incorporators without sharehold	ler action and shareholder
selec	director, president or other officer – if director, by an incorporator – if in the hands of a minted fiduciary by that fiduciary) LUIS H. VELASQUEZ	
	(Typed or printed name of perso	on signing)
	PD	
	(Title of person sign	uing)