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: DDS TAMPA TAX SERVICE

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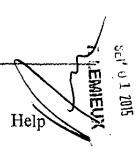
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COR AMND/RESTATE/CORRECT OR O/D RESIGN COELHO TILE CORP

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PAGE 01/06

Tallahassee, FL 32301

COVER LETTER

Division of Corp			
NAME OF CORPO	RATION: COELHO TILE CO	ORP	
DOCUMENT NUM	BER: P14000020844		
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:	
	COELHO, AGNALDO		
		Name of Contact Person	
' '	COELHO TILE CORP		
	•	Firm/Company	
	5007 PARKHILL PL		
		Address	
	TAMPA, FL 33624		
		City/ State and Zip Code	
For further informati	E-mail address: (to be us	sed for future annual report	notification)
COELHO, AGNAL	DO	at (813	770-3931
Name	e of Contact Person	Area Co	770-3931 de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	utment of State:
S35 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 Address		Street	Address
An	nendment Section	Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	
Tallahassee, FL 32314		2001 Executive Center Circle	

Articles of Amendment Articles of Incorporation

COELHO TILE CORP	•
(Name of Corpora	ation as currently filed with the Florida Dept. of State)
P14000020844	
(Doc	nument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation;
	The new
	vord "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the he abbreviation "P.A."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>Box</u>)
new registered agent and/or the new register	stered office address in Florida, enter the name of the ed office address:
	· · ·
	(Florida street address)
New Registered Office Address:	(City) , Florida(Zip Code)
	Registered Agent: I. I am familiar with and accept the obligations of the position ignature 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 = 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	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	VAZQUEZ-VAZQUEZ, CELINES	5007 PARKHILL PL
Add		•	TAMPA, FL 33624
X Remove			
2) Change			
Add			
Remove			May 100
3) Change	-1-1	<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

2

	amending or adding additional Articles, enter change(s) here: Augch additional sheets, if necessary). (Be specific)				
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rovisions for imp	provides for an each plementing the ame able, indicate N/A)	nange, reclassifice	ntion, or cancellation tained in the amen	on of issued shares, dment itself:	
rovisions for imp	plementing the ame	nange, reclassifice adment if not con	ation, or concellation stained in the amen	on of issued shares, Oment itself:	
rovisions for imp	plementing the ame	nange, reclassifice indment if not con	ition, or cancellation talued in the ameg	on of issued shares, Oment itself:	
rovisions for imp	plementing the ame	nange, reclassifice	ation, or cancellating tales and the second	on of Issued shares, Oment itself:	
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rovisions for imp	plementing the ame	nange, reclassifics	ntion, or cancellation	on of issued shares, oment itself:	

*08/31/2015 15:48 8138840263

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.	,	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the Department	ock does not meet the applicable statutory filing requirements, this date wi artment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	sted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	oted by the incorporators without shareholder action and shareholder	
08/31/2015 Dated	<u> </u>	
Signature AG	NACDO COECHIA	
(By a dir	ector, president or other officer - if directors or officers have not been	· ,
	, by an incorporator – if in the hands of a receiver, trustee, or other court diduciary by that fiduciary)	
(COELHO, AGNALDO	
-	(Typed or primed name of person signing)	
1	PRESIDENT	
	(Title of percon cioning)	<u> </u>