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SECKE WASSEE, FLORIDA

C.M. 22-14

COVER LETTER

TO: Amendment Section Division of Corporations		114 114 115 116 116 116 116 116 116 116 116 116
NAME OF CORPORATION: CARIBBEA	N TILE & STON	IE, INC
DOCUMENT NUMBER: P1400005998		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	DRIO P
Please return all correspondence concerning this mat	tter to the following:	77
EL DODAL DIIGI	Name of Contact Person	
EL DORAL BUSI		JNS, CURP.
9737 NW 41 ST.	Firm/ Company	
9/3/ 14/4 4/ 3/.	Address	
MIAMI FL. 33178		
1411/12.00170	City/ State and Zip Cod	е
15		
	ciarte@eldbs.co	
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
Luisa Inciarte	at (786	, 3256513
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\sum \text{\$\sum \\$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	<u>Street</u>	Address
Amendment Section	Amend	lment Section
Division of Corporations		on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

CARIBBEAN TILE & STONE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

nt(s) to

P14000059980			TO TO
(Document Number of Corporation (if known)		92	
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation ac	lopts the following amend
. If amending name, enter the new na	ame of the corporation:		gri
ame must he distinguishable and con Corp.," "Inc.," or Co.," or the design	nation "Corp," "Inc," or	"Co". A professional corpora	
ord "chartered," "professional associa		"P.A." N/A	
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>		14/74	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	· · · · · · · · · · · · · · · · · · ·
			 ,
			
 If amending the registered agent an new registered agent and/or the new 			ie of the
Name of New Registered Agent	N/A		
	(Florida s	treet address)	
New Registered Office Address:		, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if c hereby accept the appointment as regist			s of the position.
	anature 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, T as a Change,

Mike Jones, v as kemo	ove, ana sau	y Smun, Sv as an Aaa.	Aug (CAT)
Example: X Change	<u>PT</u>	John Doe	6 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
X Remove	<u>v</u>	Mike Jones	, Δ.
X Add	<u>sv</u>	Sally Smith	AM 10: 50 Address
Type of Action (Check One)	<u>Title</u>	Name	Address REF 6
1) Change	PVT	FERNANDO FLORES	11534 SW 149TH COURT
Add			MIAMI FL. 33196
Remove			
2) Change	S	FERNANDO FLORES	11534 SW 149TH COURT
Add			MIAMI FL. 33196
Remove			
3) Change	S	YELITZA VALERO	11534 SW 149TH COURT
Add			MIAMI FL. 33196
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON A
4	
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:	104 G
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	STORIE ORIE
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	7.5
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	<u></u>
If an amendment provides for an exchange reclassification or cancellation of issu	ad charac
provisions for implementing the amendment if not contained in the amendment it	self:
(if not applicable, indicate N/A)	
A	

The date of each amendmen	t(s) adoption: UTTTTZOT4	, it other than the
date this document was signed	i	
Effective date if applicable:	07/17/2014	_
Sheetire date in approved.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes east for the amendment(s) were sufficient for approval.	
The amendment(s) was/we must be separately provid	ere approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	14 NUG 15
"The number of vote	s east for the amendment(s) was/were sufficient for approval	5 Anio: 50
by	(voting group)	
	(voting group)	35 (n
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_07/*	17/2014 If for	
Signature		
(E	By a director, president or other officer – if directors or officers have not been elected, by an irreorporator – if in the hands of a receiver, trustee, or other court	
ارم	ppointed fiduolary by that fiduciary)	
	FERNANDO FLORES	_
	(Typed or printed name of person signing)	
	PVTS	
	(Title of person signing)	-