P14000059980

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasmess Ellis, Hame)
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Codification of Change
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FEB 2 2 2020

S. YOUNC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	CARIBBEAN 1	TILE & STONE, INC		
OOCUMENT NUMBER:	1	P14000059980		
The enclosed Articles of Amend	ment and fee are su	bmitted for filing.		
Please return all correspondence	concerning this ma	itter to the following:		
JOSE LU	S PAULON			
	-	Name of Contact Persor	1	
CARIBBI	EAN TILE & STOP	NE		
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
11701 SW	7 150 PL			
		Address		
MIAMI, I	L. 33196			
		City/ State and Zip Code	2	
	ga	.rproinc@hotmail.com		
E-ma	-	sed for future annual report	notification)	
		n		
for further information concerni	ng this matter, pleas	se can:		
Sandra Paulon		at (925-4249 de & Daytime Telephone Number	
Name of Contact	Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follow	wing amount made	payable to the Florida Depa	artment of State:	
	3.75 Filing Fee & tificate 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 Addr			Address	
Amendment Se Division of Co		Amendment Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, F	L 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

CARIBBEAN TILE & STONE, INC

(Name of Corporation as current)	y filed with the Florida Dept. of State)
P14000059980	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," 4 professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2020 JAN 27 A LORAN THE HIT OF CORP VALUE HAS SEE
D. If amending the registered agent and/or registered office add- new registered agent and/or the new registered office address	
Name of New Registered Agent	N/A
(Florida str New Registered Office Address:	reet address) N/A, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	
N	/A
Signature of New R	egistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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.

Example: X Change	<u>PT</u>	John Do	<u>)e</u>	
X Remove	\underline{V}	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	mith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P-V-T-	·s	JOSE LUIS PAULON	11701 SW 150 PL
X Add				MIAMI FL. 33196
Remove				
2) Change	P-T-S		SANDRA PAULON	11701 SW 150 PL
Add				MIAMI FL. 33196
X Remove 3) Change	V		JUAN CARLOS DE ABREU PAULON	11701 SW 150 PL
Add		_		MIAMI FL. 33196
X Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				-
Remove				

ttach additional sheets, if necess	ary). (Be specific)	J		
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	•			
		$\sim 10^{-1}$		
				
				
an amendment provides for a	exchange, reclass	ification, or cancellat	ion of issued shares	1
rovisions for implementing th (if not applicable, indicate N	e amenament II not /A)	contained in the am	enament itself:	
25 cm, althorage, company to	,			
				
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	01/21/2020	is all and the state of the sta
The date of each amendment(s) addate this document was signed.	option:	, if other than th
Effective date if applicable:		
	(no more than 90 days a	fier amendment file date)
Note: If the date inserted in this bidocument's effective date on the De	lock does not meet the applicable stapartment of State's records.	stutory filing requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of	directors without shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The numbe fficient for approval.	r of votes cast for the amendment(s)
must he separately provided for	roved by the shareholders through vo each voting group entitled to vote sep for the amendment(s) was/were suffic	
	tor the americancings) was were surre	"
by	(voting group)	
01/21/2020 Dated		:
Signature	rector, president or other officer - if o	05 h
selected	rector, president or other officer – if of the hands ed fiduciary by that fiduciary)	
	JOSE LUIS PAULON	
	(Typed or printed name of	person signing)
	PRESIDENT	

(Title of person signing)