PHD00004322

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(City/State/Zip/Phone #)				
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(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
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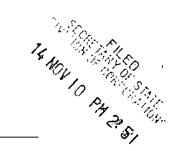
Mund 11/20/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HS BROTHERS TIL	E SERVIC	CES INC.		
DOCUMENT NUMBER: P14000064322				
The enclosed <i>Articles of Amendment</i> and fee are submitted for f	ĭling.			
Please return all correspondence concerning this matter to the following:				
Alejandro Kaba				
Name of Contact Person Kaba Consulting Inc.				
1655 E Hwy 50 Suite 203				
Clermont, FL 34787	Address			
City/ Stat	e and Zip Code			
maria@kabaconsulting.e	com			
E-mail address: (to be used for future	annual report	notification)		
For further information concerning this matter, please call:				
Alejandro Kaba at (352) 243-8460				
Name of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the	e Florida Depa	rtment of State:		
Certificate of Status Certified	nal copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amenda Division Clifton 2661 Ex	Address ment Section n of Corporations Building xecutive Center Circle ssec, FL 32301		

Articles of Amendment to Articles of Incorporation of



HS BROTHERS TILE SERVICES INC.

(Name of Corporation as currently filed with the Florida Dept. of State)
P1400064322

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

I/A	
me must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abb o," "Inc," or "Co". A professional corporation name must con eabbreviation "P.A."
Enter new principal office address, if applicable	N/A
rincipal office address MUST BE A STREET ADD	
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>
If amonding the registered egent and/or register	ored office address in Florida, enter the name of the
If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
new registered agent and/or the new registered	
new registered agent and/or the new registered	
new registered agent and/or the new registered	office address:

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	PT	John Do	2		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name	Address	
1) Change	Р	_	Jose D Quintanilla Castillo	311 N Sunset Ave	
Add				Mascotte, FL 34753	
Remove					
2) Change	Р		Luis Perez	311 N Sunset Ave	
Add				Mascotte, FL 34753	
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding (Attach additional sheets	additional Article	s, enter change(s	s) here:		
N/A	, ij necessary). (ве вресіле)			
			· · · · · · · · · · · · · · · · · · ·		
F. If an amendment provi provisions for implem (if not applicable,	enting the amendi	ge, reclassification ment if not conta	on, or cancellation ined in the amer	on of issued share adment itself:	<u>s.</u>
				•	 -
	•				
A-3-1-1-1					
		·	<u></u>		

The date of each amendment(s) a	doption: 11/03/2014	, if other than the
date this document was signed.		*
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
11/03/20	014	
Dated 11/03/20		
Signature	Ritary 1	
(By a d	irector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoin'	ted fiduciary by that fiduciary)	
V	JOSE D QUINTANILLA CASTILLO	
	(Typed or printed name of person signing)	·
	PRESIDENT	
	(Title of person signing)	