## PIUW94337

(Requ	uestor's Name)		
(Addre	ess)		
(Addr	ess)		
(City/s	State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Busi	ness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Fi	ling Officer:		

Office Uce Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ARTURO F	RAMOS TILE IN	<u>C</u>				
DOCUMENT NUMBER: <u>P1400009433</u>	<u> </u>					
The enclosed Articles of Amendment and fee are sul	omitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
LUIS ARTURO R	AMOS					
	Name of Contact Person	l				
ARTURO RAMO:	S TILE INC					
	Firm/ Company					
1080 S HOAGLA	ND BLVD L-14	9				
	Address					
KISSIMMEE FL 3	4741					
	City/ State and Zip Code	2				
info@nadiesabemas.	com					
	ed for future annual report	notification)				
For further information concerning this matter, please call:						
Luis Arturo Ramos	<sub>at (</sub> 321	624-2000				
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:						
■ \$35 Filing Fee	□\$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		Address				
Amendment Section Division of Corporations	Amendment Section					
P.O. Box 6327		vision of Corporations ifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

**Articles of Amendment** 

to **Articles of Incorporation** of

FILED

## ARTURO RAMOS TILE INC

(Name of Corporation as currently filed with the Florida Dept. of State) (1975)

P14000094337

ndment(s) to

(Documer	it Number of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Pro	fit Corporation a	dopts the following amendn
A. If amending name, enter the new na	ame of the corporation:		
			The ne
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co". A pro		
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )		
	<del></del>		
		•••	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
		<del></del>	
D. If amending the registered agent an	d/or registered office address in Flori	ida, enter the nai	ne of the
new registered agent and/or the new			
Name of New Registered Agent	LUIS ARTURO RAMOS	3	
	1080 S HOAGLAND BI	I VD I 149	•
	(Florida street address)		-
	KISSIMMEE		34741
New Registered Office Address:	(City)	, Florida	34741 (Zip Code)
	(Chy)		(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regist		ept the obligation	is of the position.
	A A		
Siz	gnature of New Begistered Agent, if cha	ınging	-
•		~ ~	

Page 1 of 4

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	ARTURO RAMOS	1080 S HOAGLAND BLVD
Add			L 149
Remove			KISSIMMEE FL 34741
2) Change	P	LUIS ARTURO RAMOS	1080 S HOAGLAND BLVD
<b>✓</b> Add			L 149
Remove			KISSIMMEE FL 34741
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add	-		
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · ·	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
()	
<u> </u>	

The date of each amendment(s) adoption:	, 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 adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_December 4, 2014	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
LUIS ARTURO RAMOS	
(Typed or printed name of person signing)	_
PRESIDENT	_
(Title of person signing)	<del></del>