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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	A & P TILE MASTER INC	
DOCUMENT NU	MBER:	P15000060355	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
	JOSE A. ARGUETA Name of Contact Person		
	11	ame of Comact Person	
	A & P TILE MASTER INC		
	Firm/ Company		
	3870 KEISER AVENUE		
	Address		
	SAINT CLOUD FL 34772		
		ty/ State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
JO	SE A. ARGUETA	at (<u>321</u>) <u>231-1431</u>	
Name	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount m	ade payable to the Florida Department of State:	
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation of

A & P TILE MASTER INC (Name of Corporation as currently filed with the Florida Dept. of State)

P15000060355 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Fl amendment(s) to its Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation adopts the follo
A. If amending name, enter the new name of the	corporation:
	The new word "corporation," 'company," or "incorporated" or the ignation "Corp," "Inc," or "Co". A professional corporation ional association," or the abbreviation "P.A."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Florida, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent Signa	(City) (Zip Code) (A Segistered Agent: t. I am familiar with and accept the obligations of the position of New Registered Agent, if changing Tool of the position of the posi

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
SEC	PAULA L. ARGUETA	3870 KAISER AVENUE SAINT CLOUD FL 34772	
(attach ad	lditional sheets, if necessary). (Be spe	cific)	
provisio	nendment provides for an exchange, roms for implementing the amendment of applicable, indicate N/A)		

The date of each amendment	t(s) adoption: <u>05</u>	5/01/2017
Effective date <u>if applicable</u> :	05/01/2017	(date of adoption is required)
	(no more than 9	00 days after amendment file date)
Adoption of Amendment(s)	(СН	IECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval
by	(voting group)	**
The amendment(s) was/we action was not required.	ere adopted by the	board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder
sele	Tose On A	dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		JOSE A. ARGUETA
	(Ту	ped or printed name of person signing)
		PRESIDENT
	(Title o	f person signing)