P15000080514

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CUONG NGO TIL	E INC.	
DOCUMENT NUMB	ER: P15000080514		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	CHINH NGUYEN		
		Name of Contact Person	1
		Firm/ Company	
	5816 NORMANDY BLVD		
·	JACKSONVILLE, FL 32205	Address	-
		City/ State and Zip Code	2
CHIN	H_CN@YAHOO.COM		
		sed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
CHINH NGUYEN		at (
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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)
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 shassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

CUONG NGO TILE INC.				
(<u>Name of Corporati</u>	on as currently filed with the Flo	rida Dept. of State)		
P15000080514				
(Docun	nent Number of Corporation (if kno	wn)		
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Profit Corp</i>	oration adopts the follo	owing amendm	ent(s) t
A. If amending name, enter the new name of the co	orporation:			
			The nev	ı4°
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc," or "Co". A professione		he abbreviation	n
B. Enter new principal office address, if applicable			<u> </u>	
(Principal office address <u>MUST BE A STREET ADI</u>	DRESS)		등 등	
•				1]
			mind CO	hander of
C. Enter new mailing address, if applicable:				(L.)
(Mailing address MAY BE A POST OFFICE BO	<u></u>		- 	-
				
D. If amending the registered agent and/or register		er the name of the		
new registered agent and/or the new registered	office address:			
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:		, Florida		
respondent of the state of the	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: Lam familiar with and accent the c	ahligations of the nosit	ian	
r nereny accept the appointment as registered agent.	z am jammar wim und accept me c	miguitims of the post		
Sign	nature of New Registered Agent if c	rhanging	•	

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	$\underline{\mathbf{v}}$	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	VP	BINH VAN QUANG	8250 ZERITA CT
Add X Remove			JACKSONVILLE, FL 32210
2) Change	VP	PROSPER NGO	4705 ROWAN RD APT 512
X Add			NEW PORT RICHEY, FL 34653
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
5) Change			
Add			
Remove			
6) Change		· ndrdelf-til	
Add			
Remove			

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

The date of each amendment(s) a	doption:	10/8	/2015	-	, if other than the
date this document was signed.	08/2015	·			
Effective date if applicable:					
	((no more than 9	00 days after ame	ndment file date)	
Note: If the date inserted in this document's effective date on the De			cable statutory fi	ling requirements, thi	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHEC</u>	CK ONE)			
The amendment(s) was/were adby the shareholders was/were so			e number of votes	s east for the amendme	ent(s)
☐ The amendment(s) was/were ap must be separately provided for					tement
"The number of votes cast	t for the amendn	nent(s) was/we	re sufficient for a	pproval	
by					
	(voting	g group)			
☐ The amendment(s) was/were ad action was not required.	lopted by the boa	ard of directors	without shareho	lder action and shareh	older
☐ The amendment(s) was/were ad action was not required.	lopted by the inc	corporators with	nout shareholder	action and shareholde	г
10/08/201	5				
Dated	17				
Signature	(w_				
	director, preside	ent or other offi	cer – if directors	or officers have not b	een een
selecte	ed, by an incorp	orator – if in th	e hands of a rece	iver, trustee, or other	
арроіі	nted fiduciary by	y that fiduciary)		
	CUONG NGC)			
	(Ty	yped or printed	name of person s	signing)	
	PRESIDENT				
		(Title	of person signing	i)	