Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H160001501623)))



H160001501623ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : DDS TAMPA TAX SERVICE

Account Number : I20140000115

Phone

: (\$13)882-8426

Fax Number

: (813)884-0263

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

COR AMND/RESTATE/CORRECT OR O/D RESIGN MATEUS TILE CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Monu

Help

JUN 21 2016 C McNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: MATEUS T	TLE CORP			
DOCUMENT NUMBER: _	P150000881	13			
The enclosed Articles of Amendment and Ice are submitted for filling.					
Please return all corresponder	Please return all correspondence concerning this matter to the following:				
		MAURO M MACHADO			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1		
		MATEUS TILE CORP			
Firm/ Company					
4747 W WATERS AVE SUITE 4208					
		Address			
TAMPA, FL 33614					
		City/ State and Zip Cod			
	RDASILVA@1	JBERTYTAX.COM			
<u></u>	-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, please call:					
MAURO M MAC		at (at	410-8518		
Name of Cont	act Person	Arca Co	de & Daytime Telephone Number		
Enclosed is a check for the fo	llowing amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Pee	\$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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle		
(<u>animinoope</u> ,)			assee, FL 32301		

to JUN 20 PAIN: 52

6 1100 03/0008

Articles of Amendment to Articles of incorporation of

	of 2
MATEL	US TILE CORP
(Name of Corpora	ation as currently filed with the Florida Dent, of State)
P1500	0088113
(Doc	nument Number of Corporation (if known)
tursment to the provisions of section 607.1006, Floris Articles of Incorporation:	ida Statutes, this Floride Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the	corporation;
	The new pord "corporation," "company," or "incorporated" or the abbreviation orp." "Inc," or "Co". A professional corporation name must contain the he abbreviation "P.A."
Enter new principal office address, if applical Principal office address MUST BE A STREET A	ble: DDRESS)
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE I	BOX)
If amending the registered agent and/or registered agent and/or the new registered.	nered office address in Florida, enter the name of the red office address;
Name of New Registered Agent	
	(Floridu street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent	Rystered Agent: I am familiar with and accept the obligations of the position.
	Synature of New Registered Agent. if changing

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>P'l'</u>	John 1)oe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	sv	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change	S	LUCIANO FERREIRA SOARES	4747 W WATERS AVE
X Add		<u> </u>	APT 4208
Remove			TAMPA, FL 33614
2) Change			
Add			
Remove			
3) Change			
Add			
Ramove			
4) Change			
	•		
Кеточе			
5)Change			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
	
<u> </u>	
	
	
 	
	<u> </u>
<u></u>	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
ncovisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an exclusions for Implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for Implementing the amo	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
ncovisions for implementing the amo	hange, reclassification, or cancellation of issued shares, eadment if not contained in the amendment itself:
ncovisions for implementing the amo	hange, reclassification, or cancellation of issued shares, eadment if not contained in the amendment itself:
ncovisions for implementing the amo	hange, reclassification, or cancellation of issued shares, eadment if not contained in the amendment itself:
ncovisions for implementing the amo	hange, reclassification, or cancellation of issued shares, eadment if not contained in the amendment itself:
ncovisions for implementing the amo	hange, reclassification, or cancellation of issued shares, eadment if not contained in the amendment itself:
ncovisions for implementing the amo	endment if not contained in the amendment liself:
ncovisions for Implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment liself:

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following smust 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 share action was not required.	eholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	der
Signature 10 auto Mersiolo	
(By a director, president or other officer – it directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
MAURO M MACHADO	,
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	