## P15000088113

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(City	/State/Zip/Phone #)
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2019 APR -8 PM 2: 4

C. GOLDEN APR 1 3 2019

## **COVER LETTER**

TO: Amendment Section

Division of Corpo	rations		
NAME OF CORPOR	MATEUS TILE C	CORP	
	P15000088113		
DOCUMENT NUMB	ER:		
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.	
Please return all corresp	nondence concerning this ma	itter to the following:	
(	CARLOS PEREZ		
		Name of Contact Person	n
(	C PEREZ PROFESSIONAL	. SERVICES INC	
		Firm/ Company	
	1343 W WATERS AVE		
_		Address	
7	ГАМРА, FL 33614		
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
CARLOS PEREZ		813	249-2300
	Contact Person	at (	<u> </u>
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy	□\$52.50 Filing Fee Certificate of Status
	1	(Additional copy is	Certified Copy
		enclosed)	(Additional Copy
			is enclosed)
	ng Address	Street	<u>Address</u>
Amendment Section		Amendment Section	
Divisi <mark>ó</mark> n of Corporations P.O. B <b>o</b> x 6327		Division of Corporations	
	•		Building
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

FILED

MATEUS TILE CORP			2010 400
	(Name of Corporation as currently	filed with the Florida Dept. of St	ate) RPR-8 PH 2: 4
P15000088113			
	(Document Number of C	Corporation (if known)	1505.11
Pursuant to the provisions of its Articles of Incorporation	f section 607.1006, Florida Statutes, this $F$	lorida Profit Corporation adopts th	ne following amendment(s) to
A. If amending name, enter	er the new name of the corporation:		
,			Tri
"Corp.," "Inc.," or Co.," $^{\prime\prime}$	ble and contain the word "corporation, or the designation "Corp," "Inc," or "Cional association," or the abbreviation "P.	o". A professional corporation n	The new or the abbreviation ame must contain the
B. Enter new principal oft (Principal office address M	ice address, if applicable: UST BE A STREET ADDRESS )		
C. Enter new mailing add (Mailing address MAY)	iress, if applicable: BE A POST OFFICE BOX)		
D. If amending the register new registered agent are	red agent and/or registered office addresed office addreses:	is in Florida, enter the name of th	<u>ıe</u>
Name of New Regis	tered Agent	<u> </u>	
1			
i	(Florida street	t address)	<del></del>
New Registered Off	ice Address:	Florid	a
		ity)	(Zip Code)
New Registered Agent's Sign thereby accept the appointm	gnature, if changing Registered Agent: nent as registered agent. I am familiar wit	h and accept the obligations of the	position.
-	Signature of New Reg	tistered Agent, if changing	

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted	if necessive title resident, Echief F. Directo in the follows the co	irector b ary) e by the f. ; T= Trec inancial or would i lowing m orporatio	eing added: irst letter of the office title: asurer: S= Secretary: D= Director; TR= Officer. If an officer/director holds mor be PTD. anner. Currently John Doe is listed as the n, Sally Smith is named the V and S. The. SV as an Add.  ee  nes	er/director being removed and title, name, and  Trustee; C = Chairman or Clerk; CEO = Chief  te than one title, list the first letter of each office  the PST and Mike Jones is listed as the V. There is  se should be noted as John Doe, PT as a Change,
Type of Action	Title	Sany Si	<u>Name</u>	<u>Addres</u> s
(Check One)				
1) Change	D	_	ISMAIKEL ARIAS SALAZAR	1577 MALLORY SQUARE DR
Add X Remove				TAMPA FL 33635
2) Change	D		PAULO HENRIQUE COSTA PEDR	11577 MALLORY SQUARE DR
X Add		_		SUITE 304
Remove				TAMPA FL 33635
3 ) Change		_		
Add				
Remove				
4) Change		-		
Add Remove	I			
5) Change		-		
Add Remove				
6) Change		-		

Chief office

\_\_ Add

\_\_\_\_ Remove

Attach addition	r adding additional Articles, enter change(s) here: tal sheets, if necessary). (Be specific)
<del></del>	
•	
	· · · · · · · · · · · · · · · · · · ·
<del></del>	
f an amendme	nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself:
(if not app	dicable, indicate N/A)
	<u> </u>
-	
	1

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
11/15/2018	
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>
tho more than 90 days after amenament file dates	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	eent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	ttement
"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.	nolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	τ
04/05/2019	
Dated	
Signature Mercuro Wotom Weeks do	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
MAURO M MACHADO	
(Typed or printed name of person signing)	
PRESIDENT	_
(Title of person signing)	