(Re	equestor's Name)			
(Ac	ddress)	<del>-</del>		
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(Ci	ty/State/Zip/Phone #)	•		
PICK-UP	WAIT	MAIL		
(Bı	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of State	us		
Special Instructions to	Filing Officer:			

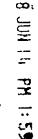
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S TALLENT JUN 1 5 2018



## **COVER LETTER**

Division of Corporations SDH Tiles CoRP NAME OF CORPORATION: \_ P16000047671 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Imigracion y Multiservicios Corp. 3750 W. 16 Ave. # 1344 FL 33019 City/ State and Zip Code E-mil address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

(Additional copy is enclosed)

Certified Copy

Mailing Address

\$35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

## Articles of Amendment to tion

Articles	of	Incor	рог	at
		oſ		

(Name of Corporation as currently	filed with the Florida Dept. of State)
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "Inc." or "Enter new principal office address, if applicable:	To". A professional corporation name must contain the
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	商 盖 型
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	1,
(Florida stre	et address)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Ri	egistered 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>PT</u>	John Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	ne <u>s</u>			
X Add	<u>sv</u>	Sally Sn	nit <u>h</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s	
1) Change	YP	<b>&gt;</b>	Luis E	Hernander	1115 West 39 Tex.	*\
Add					Wraleak Fl 33012	
Xy_Remove						
2) Change		_	<del></del>	·		
Add						
Remove						
3)Change						
Add						
Remove					<del></del>	
4) Change		_				
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

Attach additional sheets, if necessary).	(Be specific)	
	· · · · · · · · · · · · · · · · · · ·	-
-		
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
227 . 11 14 1 21 . 122.		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		_
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable:  (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this dedocument's effective date on the Department of State's records.	ate 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.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ег
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6/1/2018.	
Signature Signature	
(By 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 cou	rt
appointed fiduciary by that fiduciary)	
Juan H Hernandez	
(Typed or printed name of person signing)	
Da sala A	
(Title of person signing)	<del></del>
(The of person signing)	