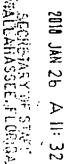
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COVER LETTER

TO: Amendment Section Division of Corpo	rations			
NAME OF CORPOR	ATION: INTERNATIONA	L TILES SERVICES IN	c	
DOCUMENT NUMB	ER: P16000052158			
	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this mat	ter to the following:		
_	JAIME GUZMAN			
-		Name of Contact Pers	o n	
	BROTHERS MULTISERVI	CIOS INC		
<u></u>		Firm/ Company		
-		Address		
MIRAMAR, FLORIDA 33025				
-		City/ State and Zip Co	de	
BROT	HERSMULTISERVICIOS@			
	E-mail address: (to be us	ed for future annual repo	t notification)	
For further information	concerning this matter, pleas	e call:		
MARVIN PELAEZ		at (607-9830	
Name o	f Contact Person	Area C	ode & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida De	partment 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)	
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Ame Divis Clift 2661	et Address Indiment Section Ission of Corporations Individual Security of Corporations Individual Secu	

Articles of Amendment Articles of Incorporation

to

INTERNATIONAL TILES SERVICES	INC.			
(<u>Name</u>	of Corporation as current	ly filed with the Fl	orida Dept. of State)	
P16000052158				
	(Document Number o	f Corporation (if kr	nown)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this	Florida Profit Cor	poration adopts the foll	owing amendment(s
A. If amending name, enter the new n	ame of the corporation:			
TILES SERVICES INC				The new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or "	'Co". A professio.	or "incorporated" or t nal corporation name t	he abbreviation
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S				
		- -		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		
D. If amending the registered agent as			ter the name of the	
new registered agent and/or the ne		<u>s:</u>		
Name of New Registered Agent	N/A 		_	
	(Florida str	eet address)		
New Registered Office Address:	N/A		, Florida	
New Registered Office Address.		(City)		(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	<u>:</u>		
I hereby accept the appointment as regis	tered agent. I am familiar i	with and accept the	obligations of the posit	
			F. S.	
			AS X	AN 2
	Signature of New R	Registered Agent, if	changing T	JAN 26 A II
				> 111
				= 43
			421 mg /	W

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	ind/or D if necess ector title resident = Chief F :, Directo in the follows the co	irector be ary) e by the fil ; T= Trea Financial for would b lowing ma proporation	eing added: rst letter of the office title: isurer; S= Secretary; D= Directo Officer. If an officer/director how the PTD, anner. Currently John Doe is list i, Sally Smith is named the V and SV as an Add.	r; TR= Tri ds more th ed as the P.	irector being removed and title, name, and astee; $C = Chairman$ or $Clerk$; $CEO = Chief$ an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is would be noted as John Doe. PT as a Change,
X Remove	<u>v</u>	Mike Jor	nes		
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	N/A	_	N/A		N/A
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					

Remove

F. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
N/A	
	
F. If an amendment provides for an exchange, reclassification, or cancel	lation of iccord charge
provisions for implementing the amendment if not contained in the a	mendment itself:
(if not applicable, indicate N/A)	
N/A	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
 	
	

•	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days a	fier amendment file date)
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	ntutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffici	
by(voting group)	<u> </u>
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators without shar action was not required.	reholder action and shareholder
1/22/2018	
Signature Marvin o Pela 22	
(By a director, president or other officer – if d selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
MARVIN O. PELAEZ	
(Typed or printed name of	person signing)
PRESIDENT	
(Title of person	n signing)