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ECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FRANKLIN TILE	INC	A STATE OF THE STA				
DOCUMENT NUME	BER: P16000057182						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corres	pondence concerning this made	tter to the following:					
	FRANKLIN SANDOVAL						
		Name of Contact Person	n				
	FRANKLIN TILE INC						
	Firm/ Company						
	1372 NE 114TH. TER						
		Address					
	MIAMI, FL 33161						
	 	City/ State and Zip Cod	e				
frank	sandova23@gmail.com						
		sed for future annual report	notification)				
For further information FRANKLIN SANDO	n concerning this matter, pleas	786	398-1665				
Name	of Contact Person	at (Area Co) de & Daytime Telephone Number				
	r the following amount made						
\$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)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation of

FR	A	Νk	1	IN	J	ΓH	F	IN	$^{\circ}$
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AT CO.	her total Charles and Charles
·	ly filed with the Florida Dept. of State)
P16000057182	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	(P)
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	CR S
(Principal office address MUST BE A STREET ADDRESS)	
C. Fatan namenalling address if applicables	65 8:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	: 20 RID
	
Po I de la companya d	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
	
Name of New Registered Agent	
(Florida si	treet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t:
r nevecy accept the appointment as registered agent. I am familiar	wan and accept the obligations of the position.
Signature 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>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jone	<u>es</u>	
_X Add	<u>sv</u>	Sally Smi	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	<u>]</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P		FRANKLIN SANDOBAL	
X Remove				
2) Change	P		FRANKLIN SANDOVAL	
X Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change		 .	tan landar and a state of the s	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				4
Ramova				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
ALL PARTIES PLANTS	
11.1014.41.01014.00	
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

date this document was signed		
Effective date <u>if applicable</u> :	09/20/2016	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, ne Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes cast for the amendere sufficient for approval.	lment(s)
	re approved by the shareholders through voting groups. The following and for each voting group entitled to vote separately on the amendments:	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and share adopted by the incorporators without shareholder action and shareholder	
action was not required.		
09/20 Dated	/2016	
Signature 🔄	Turp	
(I	By a director, president or other officer – if directors or officers have no elected, by an incorporator – if in the hands of a receiver, trustee, or oth oppointed fiduciary by that fiduciary)	
	FRANKLIN SANDOVAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	