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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: MK TILE & MARBLE, INC. DOCUMENT NUMBER: P16000074937 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NOEL BROWN Name of Contact Person NTB SERVICES LLC Firm/ Company 1080 KNOTTY PINE AVE Address NORTH PORT, FL 34288 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (941) 275-7785

Area Code & Daytime Telephone Number **NOEL BROWN** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

to

MK TILE & MARBLE, INC.	
	ntly filed with the Florida Dept. of State)
P16000074937	
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," o word "chartered," "professional association," or the abbreviatio	tion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	Comment of the second
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	400 N
	ل يو ن
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office addr	
N 6N D 1 1 1	
Name of New Registered Agent	15.100
(Florida	street address)
New Registered Office Address:	. Florida
new negatiered Office marein.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent:
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obligations of the position.
Signature of Ne	w 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) X Change	PD	REBECCA A. KURZKE	4416 NEW MILFORD ST
Add			NORTH PORT,FL 34288
Remove			
2) Change	PD	MARTY A. KURZKE	4416 NEW MILFORD ST
Add			NORTH PORT,FL 34288
X Remove			
3) Change	<u>s</u>	DEVON A. KURZKE	4416 NEW MILFORD ST
Add			NORTH PORT,FL 34288
X Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
·		
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
		,

	10/28/2016	
	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing to partment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast flicient for approval.	for the amendment(s)
	roved by the shareholders through voting groups. Teach voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appro-	val
by	(voting group)	·"
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action	n and shareholder
Dated	0/28/2016 0000 HUNZKe	
Signature (orea Kunzk	
(By a d	irector, president or other officer – if directors or of	
	d, by an incorporator – if in the hands of a receiver,	trustee, or other court
appoin	ted fiduciary by that fiduciary)	
	REBECCA A. KURZKE	
	(Typed or printed name of person signing	ng)
	PRESIDENT / DIRECTOR - MK TILE & MARBI	LE INC.
	(Title of person signing)	