P1700022485

			
(⊀€	equestor's Name)		
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Certified Copies	_ Certificates	of Status	
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Office Use Only



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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TILE METRO FNC DOCUMENT NUMBER: P170000 Z2485
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANDRES SANCHO Name of Contact Person TAX BOT COM Firm/ Company 2393 S CONSRESS AVE Stc 132 Address WEST PAIN BRACH, F1 23406 City/ State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Avples SANCHO at (56) 389-8529 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallabasses, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

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TILE M			乔勃 老。	2# * * *	Ŀ
					A P
(Name of Corpora			Fiorida De	pt. of State)	
		2485			
(Doct	ument Number	of Corporation (i	f known)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, thi	s <i>Florida Profit</i> (Corporation :	adopts the foll	owing amendment(s
A. If amending name, enter the new name of the	corporation:				
					The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	rp," "Inc," or	"Co". A profes	" or "incorpo sional corpo	porated" or t ration name n	he abbreviation nust contain the
B. Enter new principal office address, if applicab		2393	5. (CONCRE	S AUE
(Principal office address <u>MUST BE A STREET_ADDRESS</u>)		Suitz	132		
		west	Rolu	BENCH,	FL33406
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	B <i>OX</i>)			ONE CESS	
		Suite	132		
					FL37406
D. If amending the registered agent and/or regist new registered agent and/or the new registered			enter the na	ime of the	
	idres :				
2393	S COU	GESS AU	E StE	132	
		BEACH			240 6
Marie Company of the		(City)			(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with 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	PT John D	loc	
X Remove	V Mike J	ones	
X Add	SV , Sally S	<u>anith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	JUAN PEREZ 3	512 S P ST APT C
Add			LAKE WORTH, FL33460
X_ Remove			
2) Change	<u>VP</u>	JOSE V. Rios	
Add		`	LAKE WORTH, FL33460
_ ★ Remove		_	
3) Change	<u>_</u> 5	NAZARIO J. RAMIREZ	512 SFSTANC
Add			LAKE WORTH, FL33460
Remove			
4) Change	<u>P</u>	FELIPE J. QUINTEROS ORTIZ	4624 Lucille Dr. 660
_ _X Add			LAKE WORTH, FL33463
Remove			
5) Change			
Add			
Remove			
6) Change	· 		
Add			
Remove			

(Attach additional sheets, if nec	essary). (Be specif	change(s) here: ic)		
				,
			· -	
				
If an amendment provides for provisions for implementing (if not applicable, indicate	the amendment if n	ssification, or cance ot contained in the	ellation of issued sha amendment itself:	res,
				· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:, if other than date this document was signed.
Effective date if applicable:
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated03/17/17
Signature Tose Valentin 15:05
(By a 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 court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
VICE PRESIDENT (Title of person signing)