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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FHP TILE INSTA	LLATION INC		
DOCUMENT NUMI	BER: P17000029023			
	of Amendment and fee are su	abmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	FABIAN HERNANDEZ			
	<u></u>	Name of Contact Person		
	FHP TILE INSTALLATION			
		Firm/ Company		
	1476 RANCH DR			
	<del></del>	Address		
	WEST PALM BEACH, FL	33415		
		City/ State and Zip Cod	e	
ioem	arvending@gmail.com			
<del></del>		sed for future annual report	notification)	
		•	,	
For further information	n concerning this matter, pleas	se call:		
FABIAN HERNANDEZ		at (	667-0877	
Name	of Contact Person	at (561 ) 667-0877  Area Code & Daytime Telephone Numl		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)	
	lling Address	Street Address		
	endment Section	Amendment Section		
Division of Corporations		Division of Corporations		
	. Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
1 311	анарусс, Г. Б.		assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

State)
State
State
State

## FHP TILE INSTALLATION INC

(Name of Corporation as currently	filed with the Florida Dept. of State)
P17000029023	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a stricles of Incorporation:	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "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: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
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	
Name of New Registered Agent	
(Florida str	vet address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	
Signature of New R	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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u> </u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	CARLOS ALFREDO LUNA	1028 OLIVE TREE CIR
X Add			GREENACRES, FL 33413
Remove			
2) Change			
Add			<del> </del>
Remove			
3)Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6 Channa			
6) Change			
Add			
Remove			

a <mark>mending or ado</mark> tach <i>additional si</i>	ding additional Article heets, if necessary).	es, enter change( (Be specific)	s) here:		
• • •					
		<del></del>			
<del></del>		<del></del>			
THE . J. P		····	.,		·
<u> </u>		<u> </u>	-,		<del> </del>
	<del></del>				
·				<del></del>	
on omendment :	provides for an excha	nga rociossificati	an ar enneellatio	in of issued shares	
rovisions for im	plementing the amend	iment if not cont	ined in the amen	dment itself:	
(if not applica	ble, indicate N/A)				
	<del>.</del>				
					·
				<del></del> .	<del></del>

The date of each amendment(s) adoption:		_, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will r of State's records.	of be listed as th
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	the shareholders. The number of votes east for the amendment(s) or approval.	
☐ The amendment(s) was/were approved by must be separately provided for each voti	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by		
0	(voting group)	
The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by to action was not required.	he incorporators without shareholder action and shareholder	
07/09/2018 Dated		
Signature Fabra	n Hemanday	
(By a director, p selected, by an i	resident or other officer - if directors or officers have not been neorporator - if in the hands of a receiver, trustee, or other court iary by that fiduciary)	_
FABIAN	HERNANDEZ	
	(Typed or printed name of person signing)	<del></del>
PRESIO	DENT	
<del></del>	(Title of person signing)	