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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: TILE FONSECA I	NC	
DOCUMENT NUMBE	R: P17000056300		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
(SESNER IGNACE		
_		Name of Contact Person	
<u>T</u>	TILE FONSECA INC		
		Firm/ Company	
4	95 SE 8TH STREET APT I	48	
-		Address	
Γ	DEERFIELD BEACH, FLO	RIDA - 33441	
_		City/ State and Zip Code	:
TILEF	INSECACONTACT@GMA	AIL.COM	<i>y</i>
	~	sed for future annual report	
	`	·	·
For further information	concerning this matter, pleas	se call:	
GESNER IGNACE		954 at (380-1426
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssec, FL 32301

AND # FEIN # 300996005

Articles of Amendment to Articles of Incorporation

		,	
(Name of	Corporation as currently filed wi	th the Florida Dept, of State)	
P17000056300		•	
	(Document Number of Corporat	ion (if known)	-
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Florida P</i>	rofit Corporation adopts the following amends	nent(s) t
A. If amending name, enter the new nan	ne of the corporation:		
		The ne	
name must be distinguishable and conta "Corp" "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "Co". A p	pany," or "incorporated" or the abbreviation of the professional corporation name must contain to	on he
B. Enter new principal office address, if (Principal office address MUST BE A ST.		بدي	-
C. Enter new mailing address, if application (Mailing address MAY BE A POST O		· · · · · · · · · · · · · · · · · · ·	
			် <u>ဒ</u> , ဝန
		· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and new registered agent and/or the new		rida, enter the name of the	
	ELSON GONCALVES DE CARVA	ALHO	
	495 SE 8TH STREET APT 148		
-	(Florida street address)	
New Registered Office Address:	DEERFIELD BEACH	, Florida 33441	
New Negistered Office Mauress.	(City)	(Zip Code)	•

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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		
\underline{X} Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	P	ELSON G. DE CARVALHO	495 SE 8TH STREET APT 148	
Add			DEERFIELD BEACH, FL 33441	
Remove				
2) Change	V.P	GESNER IGNACE	495 SE 8TH STREET APT 148	
X_Add			DEERFIELD BEACH, FL 33441	
Remove 3) Change	S	MARIA DOS FONSECA MENDES	495 SE 8TH STREET APT 148	
Add			DEERFIELD BEACH, FL 33441	
Remove				
4) Change			<u> </u>	
Add				
Remove			· · · · · · · · · · · · · · · · · · ·	
5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
<u> </u>		
		_
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself;	
(ij noi applicable, indicale MA)		

	10/17/2017	26 .1 .1 .1
The date of each amendment(s) ad	option;	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	7/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date volument of State's records.	vill not∮be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by	,```	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
10/17/2017		
DatedSignature	Floor Corwolho	
(By a di selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	ELSON GONCALVES DE CARVALHO	
	(Typed or printed name of person signing)	
	PRESIDENT	1
•	(Title of person signing)	