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COVER LETTER

FO: Amendment Section

P.O. Boy 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: La Perla Tile Corp DOCUMENT NUMBER: P17000079009 The enclosed Articles of Amendment and fee are submitted for filling, Please return all correspondence concerning this matter to the following: Yarelys Jerez Feria Name of Contact Person La Perla Tile Corp. Firm/ Company 2303 W Woodlawn Ave. Address Tampa, FL 33607 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; Yarelys Jerez Feria 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** Fifing 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

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

FILED

17 NOV -8 PH 2: 30

La Perla Tile Corp

SECRETARY OF STATE TALLABASSIT FLURDA

carena me corp	TALLAHASSI FILIMUA
(Name of Corporation	on as currently filed with the Florida Dept. of State)
1/17000079009	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation.	Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) t
A. If amending name, enter the new name of the co-	rporation:
owne must he distinguishable and contain the work "Corp.," - luc.," or Co.," or the designation "Corp. word "chartered." "professional association" or the c	The new I "corporation," "company," or "incorporated" or the abbreviation ""brc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent	
Manu by New Megisterea Agens	
	(Florida street address)
No. De Carrel (182 - 4 1)	
<u>мем керменда Орисе лаанчуу:</u>	. F10163
	, Florida, Cirye Zap Coder
New Registered Agent's Signature, if changing Regi- t hereby accept the appointment as registered agent. I	stered Agent: I am familiar with and accept the obligations of the position.
· · · · · · · · · · · · · · · · · · ·	постояния могаливалист разправления принеромнини.
Segna	ture 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; I= 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 officer 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 Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Same	<u>Addre</u> șs
1) Change	V	YOEL DEL SOL GONZALEZ	2303 W WOODLAWN AVE
$\frac{\overline{X}}{\underline{A}}$ Add			TAMPA, FL 33607
Remove			
2) Change			
Add			
Remove			
3 (Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			·
Add			
Remove			

reacti dudicional succis, y nei essary)	rticles, enter change(s) here: c). (Be specific)
f an amendment provides for an exprovisions for implementing the an (if not applicable, indicate NA)	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:

.

	11/01/2017	
The date of each amendment(s) adoption date this document was signed.	otion:	_, if other than the
tare this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blood document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will runent of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopte by the shareholders was were suffice	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
	the amendment(8) was were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was were adopted action was not required.	ed by the incorporators without shareholder action and shareholder	
11/03/2017		
Dated	\	
Signature While).	
Signature VMV	ctor, president or other officer – if directors or officers have not been	_
sélected, i	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
Y.	ARELYS JEREZ FERIA	
	(Typed or printed name of person signing)	
1,5	RESIDENT	
·	(Title of person signing)	