# P1700093351

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C. GOLDEN
DEC 1 3 2017

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LICOT BROTHER	RS MARBLE & TILE COR	P		
DOCUMENT NUMI	P17000003351				
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this mat	iter to the following:			
	DIAZ LICOT, YOAN				
		Name of Contact Person			
	LICOT BROTHERS MARBLE & TILE CORP				
		Firm/ Company	The state of the s		
	8264 KEY ROYAL CIR APT 836				
	Address				
	NAPLES, FL 34119				
		City/ State and Zip Code	2		
For further information	E-mail address: (to be us n concerning this matter, pleas	sed for future annual report	notification)		
DIAZ LICOT, YOA		at (	)		
Name	of Contact Person	Area Co	) de & Daytime Telephone Number		
Enclosed is a check for	or 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)		
Am Div P.O	endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 266 L	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

#### Articles of Amendment to Articles of Incorporation of

FILED

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#### LICOT BROTHERS MARBLE & TILE CORP

17000093351	St. Co. St. FLO
	No. of the Co.
(Docum	nent Number of Corporation (if known)
ursuant to the provisions of section 607,1006, Florida s Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the co	orporation:
	The new discorporation," "company," or "incorporated" or the abbreviation of "Inc." or "Co". A professional corporation name must contain the abbreviation "P.A."
. Enter new principal office address, if applicable	•
Principal office address <u>MUST BE A STREET ADD</u>	
<u>.</u>	
. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO.</u>	<u>X</u> )
If amending the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
Name of New Registered Agent	
	(Florida street address)
	(Fioriaa street adaress)
New Registered Office Address:	

## 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 <math>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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	LAZARO LICOT	8264 KEY ROYAL CIR APT 836
X Add			NAPLES, FL 34119
Remove			
2) Change			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
Wantana Andrew Communication C	WANTED TO THE TOTAL PROPERTY OF THE TOTAL PR
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
······································	

The date of each amendmen		, if other than the
date this document was signed Effective date if applicable:	12/07/2017	٠
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendmere sufficient for approval.	cent(s)
	re approved by the shareholders through voting groups. The following sta ed for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required,	re adopted by the board of directors without shareholder action and shareh	nolder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholde	प
	7/2017	
Dated		
Signature _	Ustont-	
	By a director, president or other officer – if directors or officers have not b	cen
	elected, by an incorporator - if in the hands of a receiver, trustee, or other	court
a	ppointed fiduciary by that fiduciary)	
	DIAZ LICOT, YOAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	