

PI7000 101734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

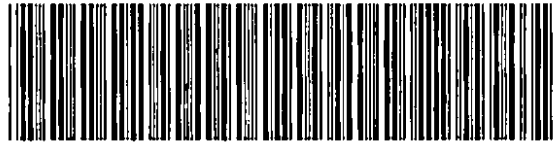
(Business Entity Name)

(Document Number)

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12/21/20--01018--006 **43.75

62:5-10-10-2

Chris
Amend

FEB 03 2021

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE SOUZA STONE TILE INC

DOCUMENT NUMBER: P17000101734

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WALDEIR DE SOUZA

Name of Contact Person

THE SOUZA STONE TILE INC

Firm/ Company

8400 49TH STREET NORTH UNIT 1003

Address

PINELLAS PARK, FLORIDA 33781

City/ State and Zip Code

THESOUZASTONE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WALDEIR DE SOUZA

Name of Contact Person

at (787) 367-1707

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

THE SOUZA STONE TILE INC

P17000101734

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

(Signature)

6.5

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

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

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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 Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>YASMIN MARTINEZ ALLENDE</u>	<u>3501 NORLAND COURT</u>
<input type="checkbox"/> Add			<u>HOLIDAY, FL 34691</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>WALDEIR DE SOUZA</u>	<u>8400 49TH STREET N. # 1003</u>
<input type="checkbox"/> Add			<u>PINELLAS PARK, FL 33781</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

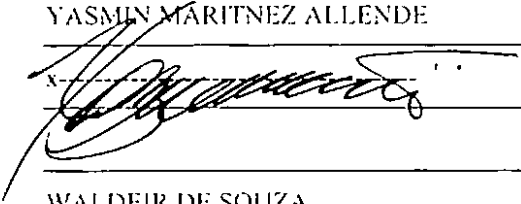
E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

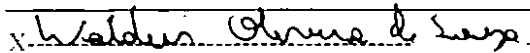
Due to the divorce between the two parties. ex wife is rmoving herself from the corporation and the ex husband will be the
sole owner of the corporation his name is WALDEIR DE SOUZA

The decree of the divorce is included.

YASMIN MARITNEZ ALLENDE



WALDEIR DE SOUZA

X 

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

12/16/2020

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

12/17/2021

Effective date if applicable: _____
(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 the 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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 waldeir de souza
(voting group)"

Dated ~~12/17/2020~~ 12/16/2020

Signature Waldeir Oliveira De Souza
(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)

WALDEIR DE SOUZA

(Typed or printed name of person signing)

V.P.

(Title of person signing)

State of Florida
County Of Pinellas

The foregoing instrument was acknowledged before me by means of physical presence this 16th day of December 2020 by Waldeir Oliveira De Souza

Victoria Huffines
Victoria Huffines



Victoria Huffines
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG362424
Expires 8/5/2023

FL DL 0416-880-83-410-0