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SECRETARY OF STATE
TALL ANALOGE STATE

A. BUTLER AUG - 3 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DOCTOR TILE RESTORATIONS DTR INC.			
DOCUMENT NUMBER: <u>P180000 Z11 35</u>			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Natalie Abbardovoloto Name of Contact Person Doctor Tile Restorations DTR Inc.			
Firm/Company 717 SE White Ave Address			
POTT St Lucie, FL 34983 City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (1772) 871 · G 183 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

	Amendment
to Articles of In	
0	•
Doctor Tile Resto	cotion NTO TO
(Name of Corporation as curren	the filed with the property bear to a feet the 32
DIGOCO	2 11 25
(Document Number	of Corporation (if known) The OF STATE
(Extended Number	MELIANAS SEE, FI
Pursuant to the provisions of section 607,1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
not applicable	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	581 SW Biltmore St
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	Port St Lucie, FL
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	not applicable
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
Name of New Registered Agent 10+0phil	able
tFlorida s	treet address)
not and	co hip
New Registered Office Address: NOt appli	(City) Florida(Zip Code)
	•
New Registered Agent's Signature, if changing Registered Agen	
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

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TC	Thomas Abbandon	dolo JR 717 SE conite Am
Add			Port Stlucie, FL
X Remove	_		34983
2) Change	IC	Keuin Abbondon	1010 717 St. Whire Ave
Add			Port St Lucie, FL
Remove 3) Change			<u>3498</u> 3
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding a (Attach additional sheets,	additional Articles, enter cha . if necessary). — (Be specific)	nge(s) here:	
not an	plicable		
	·		
			·
<u> </u>			
		- · · · ·	
			
			
		ication, or cancellation of issue contained in the amendment its	
(if not applicable, is			
Thomas Al	<u>olobnobrada</u>	share of own	1er Ship = 60%
latalie Ak	shunden dala	share of own	iership= 40%
			1
			
			

The date of each amendment(s) a date this document was signed.	doption: May 24, 2022	if other than the
Effective date <u>if applicable</u> :	may 24, 2077 tho more than 90 days after amendment file	date)
Note: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing require epartment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sl	hareholder action and shareholder
★ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for thufficient for approval.	ne amendment(s)
	proved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amer.	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voung group)	
Dated5	24/2022	
selecte	irector, president or other offices – if directors or officers d, by an incorporator – if in the hands of a receiver, trusted ted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	dolo
	Vice President (Title of person signing)	