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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	BRAZ TILE AN	D BRICK, INC		
DOCUMENT NUMBER:		0023195		
The enclosed Articles of Amend	<i>lment</i> and fee are st	ibmitted for filing.		
Please return all correspondence	concerning this ma	itter to the following:		
	FABL	ANO BATISTA DE OLI	VEIRA	
<del></del>		Name of Contact Per	son	
		Firm/ Company		
		1809 SW 3RD AVE		
		Address		
		CAPE CORAL, FL 339	91	
		City/ State and Zip Co	ode	
E-m	ail address: (to be u	sed for future annual repo	ort notification)	
For further information concern	ing this matter plea	se call:		
To further information concern	mg mis matter, piea	se carr.		
ISRAEL MOURA DE OLIVEIRA		at (	841-6084 Code & Daytime Telephone Number	
Name of Contac	l Person	Area (	Code & Daytime Telephone Number	
Enclosed is a check for the follo	wing amount made	payable to the Florida De	epartment of State:	
	3.75 Filing Fee & ertificate 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			et Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 632		Clift	on Building	
Tallahassee, I	L 32314	2661	Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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2018 SEP 27 PM 3: 56

## BRAZ TILE AND BRICK, INC

· <del></del>	P18000023195	TALLAHASSEE, F
(Docum	nent Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corp.	oration adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered." "professional association," or the	," "Inc," or "Co". A professione	The new "incorporated" or the abbreviation al corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	DRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u> )	
D. If amending the registered agent and/or register new registered agent and/or the new registered		r the name of the
Name of New Registered Agent		<del></del>
	(Florida street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		obligations of the position.

Signature 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; 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	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	P		Fabiano Batista de Oliveira	1619 SW 33RD ST
Add				CAPE CORAL FL 33914
XX Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				<del></del>
5) Change				
Add				
Remove				
6) Change		_	-	
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exch	ange, reclassification,	or cancellation of is	sued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	nament ii not containe	d in the amendmen	t itseit:	
·				<del>_</del> .
		<u>-</u>	··· -	
				. =::

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ 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"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
09/24/2018	
Dated	
Signature _ comba	
(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)	
ISRAEL MOURA DE OLIVEIRA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	