P18000023201

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DEPARTMENT OF STAR

MAR 2 2 2013
T. LEANIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: JUSTIN BURCH T	TILE INC	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this mat	tter to the following:	
	JUSTIN BURCH		
		Name of Contact Person	1
	JUSTIN BURCH TILE INC		
		Firm/ Company	
	2704 SPRING CREEK HWY	• •	
	······	Address	
·	CRAWFORDVILLE, FL 32	2327	
		City/ State and Zip Cod	e
піст	INBURCHTILE@GMAIL.C	OM	
	_	sed for future annual report	notification)
	D man address. (to be ac	ou lot future unitudi report	,
For further information	n concerning this matter, pleas	se call:	
JUSTIN BURCH		850	、545-1825
Name	of Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
	ling Address endment Section		Address Iment Section
	sion of Corporations		on of Corporations
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	
		Tallah	assee FI. 32301

Articles of Amendment to Articles of Incorporation of

JUSTIN BURCH TILE INC	
(Name of Corporation a	s currently filed with the Florida Dept. of State)
P18000023201	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statista Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>SS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered	office address in Florida, enter the name of the
new registered agent and/or the new registered offi	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
The copy accept the appearance, as regarded a agent of an	, , , , ,
Signatur	re of New Registered Agent, if changing ASSEY 22

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V/P	MATTHEW BURCH	56 QUAIL COURT
X Add			CRAWFORDVILLE
Remove			FLORIDA 32327
2) Change			
Add			
Remove			
3) Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Change			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ADDED MATTHEW BURCH AS VICE PRES
· · · · · · · · · · · · · · · · · · ·
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)
(3 ver eff. veree, vere)

	03/20/2018	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
Effective date if applicable:	•	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	·
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	ıt.
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	•
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
03/20/20	18	
Dated		
0!	Austr' Burk	
Signature	a director, president or other officer – if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	pinted fiduciary by that fiduciary)	
	JUSTIN BURCH	
	(Typed or printed name of person signing)	
	PRES Justi Burd	
•	(Title of person signing)	