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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CINE TILE AND	PAINTING INC			
DOCUMENT NUM	P18000049048		<del></del>		
The enclosed Article:	s of Amendment and fee are su	domitted for filing.			
Please return all corp	espondence concerning this ma	tter to the following:			
	VAMDEIR ALVES				
		Name of Contact Person	n		
	CINE TILE AND PAINTING INC				
		Firm/ Company			
	4320 4TH AVENUE				
		Address			
	POMPANO BECH FL 330	64			
	City/ State and Zip Code				
	E-mail address: (to be u	sed for future annual report	notification)		
		·			
For further information	on concerning this matter, plea	se call:			
VAMDEIR ALVES		754 at (	366-6736		
Name of Contact Person Area Code & Daytime Teleph		ode & Daytime Telephone Number			
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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		Street Address			
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Articles of A	
to Articles of Inc of	orporation That with the Floride Dent of States
CINE TILE AND PAINTING INC	
(Name of Corporation as current)	v filed with the Florida Dept. of State)
P18000049048	
(Document Number o	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. It amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
B. <u>Enter new principal office address</u> , if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	POMPANO BEACH FL 33064
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 registered agent and/or the new registered office address	
Name of New Registered Agent	
tFlorida sti	cer address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New I	egistered 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, it 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: $\underline{X}$ Change	<u>PT</u>	John Doe	
$\underline{X}$ Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	MGR	PAULO DUMAS NOVAES	4320 4TH AVE
Add	<del></del> -		POMPANO BEACH FL 33064
X Remove			
2) Change	MGR	ESTEBAN ADDEN	235 COMMERCIAL BLVD
Add			LAUDERDALE BY THE SEA
X Remove			FL 33308
3.) Change			
Add			
Remove			<del> </del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

atach additional sheets, if necesso	ry).— (Be spec	lfict				
			<del></del>	<del></del>		
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			·			
f an amendment provides for ar	osahanaa waa	lassification a	or cancellation	of issued shar	es.	
provisions for implementing the	amendment if	not contained	d in the amend	ment itself:		
(if not applicable, indicate N	(4)					
• •						
	<del></del> -					<u>-</u>
	<del></del>					
				<u> </u>		
						<del></del>

The date of each amendment(s) adoption	on;	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departn	does not meet the applicable statutory filing requirements, then of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendant for approval.	ment(s)
☐ The amendment(s) was/were approved must be separately provided for each	d by the shareholders through voting groups. The following so voting group entitled to vote separately on the amendments,	'alement L
	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and share	cholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and sharehold	ler
Dated		
Signature	molivé Attés de Roya	
	or, president or other officer – if directors or officers have not an incorporator – if in the hands of a receiver, trustee, or other	
	duciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	