P18000101416

(Red	questor's Name)				
(Add	dress)				
(Add	dress)				
(City	//State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
Certified Copies	Certificates	s of Status			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Ep Tiles Pro Inc		
	BER: P18000101416		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
lease return all corre	espondence concerning this ma	tter to the following:	
	Alexander Gonzalez		
	Fp Tiles Pro Inc	Name of Contact Persor	ו
		Firm/ Company	
	916 N Flager Ave Unit C.	, .	
		Address	
	Homestead, FL 33030		
		City/ State and Zip Code	2
	fptilespro@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
for further information	on concerning this matter, pleas	se call: 786	8530891
Name	of Contact Person		
Enclosed is a check f	or the following amount made		·
⊠ \$35 Filing Fee	☐\$43,75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address tendment Section rision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ussee, F1, 32303

Articles of Amendment to Articles of Incorporation of

Fp Tiles Pro Inc			
(Name of Corporation as cur	rently filed with the	Florida Dept. of State)	
P18000101416			
(Document Num	ber of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Co	orporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>		
			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 ".	. A professional co	corporated" or the abbrev orporation name must co	viation "Corp" ontain the word
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			8
			\$==
		_	
C. Enter new mailing address, if applicable:			-
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			11.10.51
		-	<u> </u>
			<u>\$</u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado		enter the name of the	
Name of New Registered Agent			
<i>tFlori</i> e	da street address)	······································	
Now_Registered Office Address:		. Florida	
	(City)		Zip Codes
San Davids and Carrett Simon 16 Committee Davids			
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	gent: liar with and accept th	he obligations of the positi	on.
	·		

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	<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	VP	Lazaro Ramirez Escalona	19205 NW 47 PL	
X Add			Miami Gardens FL 33035	
Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional s	heets, if necessary). (Be s	specific)		
				<u> </u>
	<u> </u>			
		<u> </u>		- ·
			_	
				
an amandmant r	rensidue for an arabana.	waalaasifiassias au a		
provisions for imp	provides for an exchange, plementing the amendmen	it if not contained in	the amendment itself	<u>nares,</u> :
(if not applica	ble, indicate N/A)			-
			-,	·
				
	- 			
- ==_				

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•	. 08/28/2020	
	option:	, if other than the
late this document was signed.	/2020	
	/2020	
	(no more than 90 days after	amendment file date)
Note: If the date inserted in this blocument's effective date on the Dep		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of dire	ectors without shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of ficient for approval.	votes cast for the amendment(s)
	oved by the shareholders through voting each voting group entitled to vote separa	
"The number of votes east t	or the amendment(s) was/were sufficient	for approval
bv		<u>.</u>
,	(voting group)	
08/28/2020 Dated Signature	Matario_	
(By a directed) selected	ector, president or other officer – if direct by an incorporator – if in the hands of a diductary by that fiductary)	tors or officers have not been receiver, trustee, or other court
,	Mexander Gonzalez	
-	(Typed or printed name of per-	son signing)
į	President	

(Title of person signing)