P19000012076

equestor's Name)	
ddress)	
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ity/State/Zip/Phone	: #)
☐ WAIT	MAIL
Business Entity Nan	ne)
Occument Number)	
Certificates	of Status
o Filing Officer:	
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Office Use Only



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SECRE FARY OF STATE TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ALBOZ TILES IN	C	
DOCUMENT NUME	P19000012076		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	KLAJDI GOSKOLLI		
		Name of Contact Person	1
	ALBOZ TILES INC		
		Firm/ Company	
	4083 SUNBEAM RD APT I	514	
		Address	
	JACKSONVILLE, FL 32257	1	
		City/ State and Zip Code	e
NAG	DAY@AOL.COM		
	-	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: 904 at (446-5443
	of Contact Person	at (Area Co	de & Daytime Telephone Number
	r the following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O	Hing Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

ALBOZ TILES INC				
(Name of Corp	oration as currently filed with the Florida Dept. of State)		
P19000012076				
(L	Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Torida Statutes, this Florida Profit Corporation adopts the f	ollowing a	amendi	nent(s) i
A. If amending name, enter the new name of t	the corporation:			
		7	The m	°11
name must be distinguishable and contain the "Corp" "Inc" or Co.,." or the designation "word "chartered," "professional association," o	e word "corporation," "company," or "incorporated" on "Corp," "Inc," or "Co". A professional corporation name or the abbreviation "P.A."	r the abb	reviatio	on
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET				-
				-
				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u></u>			-
				_
		SES.	MUC 6102	
		<u></u>	JU	
D. If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Florida, enter the name of the tered office address:		1	Section 1
		SSC	Σī	g. G. Marian
Name of New Registered Agent		- [하	PR	Sa A
	(Florida street address)		ယ ယ	Target !
		777	9	
New Registered Office Address:	, Florida,	(Zin Co	de)	
		• • •		
New Registered Agent's Signature, if changin	g Registered Agent:			
I hereby accept the appointment as registered as	gent. I am familiar with and accept the obligations of the pe	osition.		
	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, Ch. <math>C = CorrectorExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer hold. 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>S</u>	ALTIN ELEZI	3200 HARTLEY RD APT 219
X Add			JACKSONVILLE, FL 32257
Remove			
2) Change		_	
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
_ Remove			

Attach additional sheets, if necessary),	icles, enter change(s) here: (Be specific)
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	manche of the the amendment take.
· · · · · · · · · · · · · · · · · · ·	
	
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	06/03/2019	
	adoption;	if other than is
date this document was signed.		
	6/03/2019	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the 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 by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
bv		
<u> </u>	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
06/03/20 Dated	019	
	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court	
арр	ointed fiduciary by that fiduciary)	
	KLAJDI GOSKOLLI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	