P190000 12834

(Re	questor's Name)	
(Ado	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
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(Do	cument Number)	
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SECRETARY OF STATE

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JAN 1 0 2020

COVER LETTER

TO: Amendment Section

Division of Cor	porations			
NAME OF CORPO	DRATION: L&M BRICK AND	TILE, INC		
	IBER: P19000012834			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the followin	g:	
	LIA ALMEIDA			
		Name of Contac	et Person	1
	OGC ASSOCIATES PA			
		Firm/ Com	pany	
	3275 W HILLSBORO BLVI	STE 306		
		Addres	s	
	DEERFIELD BEACH, FL 33	3442		
		City/ State and	Zip Cod	e
OFF	TICE@OGCASSOCIATES.CO	М		
	E-mail address: (to be us		al report	notification)
For further informati	on concerning this matter, pleas	se call:		
LIA ALMEIDA		954 at (708-2817
Name	e of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check (for the following amount made	payable to the Flor	ida Dep	artment of State:
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Copy (Additional copenclosed)	Y	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address			Address
	nendment Section			Iment Section
	vision of Corporations D. Box 6327	Division of Corporations The Centre of Tallahassee		
	Ilahassee, FL 32314			N. Monroe Street, Suite 810
				issee, FL 32303

Articles of Amendment to Articles of Incorporation of

ı	P. 3.1	BRICK	AND	711	E.	INC
١	A 1	MICK K	ANNIJ	1 11	1-	

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000012834	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	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 "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SEC POINT
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 ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	nt:
I hereby accept the appointment as registered agent. I am familiar	with and accept the 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 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Lemika, Juscelina de Morais	4029 EASTRIDGE DR
X Add			POMPANO BEACH, FL 33064
Remove			
2) Change			
Add			
Remove Change			S 21
Add			
Remove			
4) Change			SSEC SI
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
Remove E. If amending or ad	iding addit	Page 2 of 4 ional Articles, enter change(s) here: cessary) (Re specific)	

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F. If an amendment provides for an exchange provisions for implementing the amendment (if not applicable, indicate N/A)	e, reclassification, or cancellation of issued shares, ent if not contained in the amendment itself:	OF STATE	PH 4: 16	O
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	Page 3 of 4			
			المارين المارين	b.c ^{.1}
The date of each amendment(s) adoption: date this document was signed.			, ii otnei	i ina n ti
Effective date if applicable:				
incente nace <u>n applicable</u> .	(no more than 90 days after amendment file date)	·		-

'Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder
DatedSignature	Luis bomila
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	LEMIKA, LUIZ CLAUDIO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FL