P19 0000 20486

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(Address)	,
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
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(Documer)	nt Number)
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C. GOLDEN

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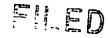
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALARCON TI	ILES CORP	
DOCUMENT NUMBER: P19000020486		
The enclosed Articles of Amendment and fee ar	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
JOSE M ALARCON		
	Name of Contact Persor	1
	Firm/ Company	<u> </u>
2802 HARPER PL	Time Company	
TAMPA, FL 33614	Address	
TAMPA, PE 33014	City/ State and Zip Code	· ·
E-mail address: (to be seen that the second of the E-mail address) is the E-mail address. (to be seen address) is the E-mail address.	be used for future annual report please call:	notification)
JOSE M ALARCON	at (405-7919
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Depa	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ALARCON TILES CORP (Name of Corporation as currently filed with the Florida Dept. of State) P19000020486 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P,A," B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 office address: JOSE MIGUEL ALARCON CASTILLO Name of New Registered Agent 2802 HARPER PL (Florida street address) TAMPA New Registered Office Address: (City) 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.

nature 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 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	P	JOSE M ALARCON	2802 HARPER PL	
Add X Remove			TAMPA, FL 33615	
2) Change	p	JOSE MIGUEL ALARCON CASTII	2802 HARPER PL	
X Add			TAMPA, FL 33615	
Remove				
3) Change				
Add				
Remove				
4) Change			·	
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	— —		
				_
f an amendment provides for an exch	ange, reclassification	on, or cancellatio	n of issued shares	<u>.</u>
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not conta	ined in the amen	dment itself:	
	-			
<u> </u>		 _		
		<u></u>		
	··		-	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this dadepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(sufficient for approval.	\$)
	pproved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s):	?nt
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholde	2r
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
05/29/20	19	
Dated		
Cianatura	Leon -	
Signature (By a	director, president or other officer – if directors or officers have not been	
selec	ted, by an incorporator – if in the hands of a receiver, trustee, or other couninted fiduciary by that fiduciary)	
	JOSE MIGUEL ALARCON CASTILLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	