# P190000 23939

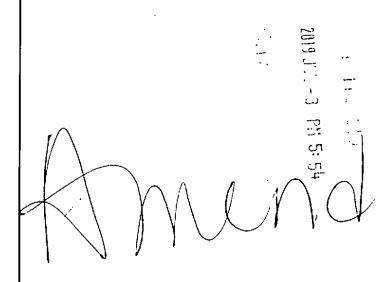
(Re	equestor's Name)	
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I ALBRITTON

# **COVER LETTER**

NAME OF CORPORATION: PORO NTA TILE Services A  DOCUMENT NUMBER: P190000 23939  The enclosed Articles of Amendment and fee are submitted for filing.	no
	-nc
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Luis Moronta	
Name of Contact Person	_
Moranta Tile Services In.	<b>t</b>
Plant Commence	_
1810 CARAJEE Blvd.	
ORlando F1 32822	_
Oplando 12 32822	
City/ State and Zip Code	_
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Luis Horanta 321. 310.0549	<u> </u>
	<u> </u>
Name of Contact Person Area Code & Daytime Telephone Numb	er
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee & S52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to
Articles of Incorporation

	of	por ation			
Moronta	Tile	Seni	ces In	<i>C</i> .	
(Name of Corporatio			la Dept. of State)	<del></del>	
P1900	70023	939			
(Docume	ent Number of C	Corporation (if knows	1)		
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this $FI$	lorida Profit Corpord	ution adopts the follo	wing amendm	ient(s) to
A. If amending name, enter the new name of the cor	poration:				
		<del></del>		The nev	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association." or the a B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	" "Inc," or "Ce abbreviation "P.	o". A professional (			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	Ü			2019 5 - 3	; ; 
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		s in Florida, enter t	he name of the	Fig. 55	
Name of New Registered Agent					
	(Florida street	t address)			
New Registered Office Address:			, Florida		
	(C	ity)	(.	Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	am familiar wit			on.	
Signa	ture of New Reg	istered Agent, if cha	nging		

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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)  1) Change Add Remove	VP Ravolfo Polanco Perez	Address 1500 W. Highland St Lot 10 Lakeland: FL 33815
2) Change Add Remove		
3 ) Change Add Remove		
4) Change Add Remove		
5) Change		
Remove  O) Change  Add  Remove		

If amending or adding additional Arti (Attach additional sheets, if necessary).		_		
			<del></del>	
			<del>-</del>	
	<del></del>			
				<del></del>
		<u> </u>	<del></del>	
<del></del>	<del></del>			<del></del>
	<b>1</b>			
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or ndment if not contained	<ul> <li>cancellation of issued in the amendment its</li> </ul>	<u>d shares,</u> elf:	
(if not applicable, indicate N/A)				
	_			
		<b>57.1</b>		
	<u> </u>			

The date of each amendment(s) adoption: $0.5/0.5/3019$ date this document was signed.	_, if other than the
Effective date if applicable:	
(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 a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) ( <u>CHECK_ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated $07/05/2019$	
Signature Signature	_
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
_ Luis Moronta	
(Typed or printed name of person signing)	· <del></del>
- PresidenT	
(Title of person signing)	