P190000 28929

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Name)
(Dc	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JA&L LAS PALM	IS TILE SERVICES CORI	· · · · · · · · · · · · · · · · · · ·
	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ALDO LOPEZ		
		Name of Contact Person	1
		Firm/ Company	
	668 ELLISON PKWY		
	HANGE CITY D. 22844	Address	
	HAINES CITY FL 33844	- C'. 15: 17: C 1	
		City/ State and Zip Cod	e
TILE	WORK_19@YAHOO.COM	<u> </u>	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
ALDO LOPEZ		at (6247070
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filling Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corneration as curre	ently filed with the Florida Dept. of State)		
\ <u>\</u>	they med with the Piorita Dept. of State)		
P19000028929		<u> </u>	
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the fo	ollowing amendm	ient(s) to
A. If amending name, enter the new name of the corporation:	<u>.</u>		
JA&L PALMS TILE CORP		The ne	w
name must be distinguishable and contain the word "corpord "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name	the abbreviation the must contain the	on ne
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)		19 APR 15 A SECRETARY O TALLAHASSEE.	FILE
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		AH IC 35 OF STATE FLORIDA	D
Name of New Registered Agent		· ——	
(Floride	ı street address)		
New Registered Office Address:	, Florida		
New Registered Office Address.	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obligations of the po	suion.	
Signature of Na	w Revistered 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>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			19 A
3) Change			APR HASS
Add			SET S
Remove			FLOR A
4) Change			ORIDA
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)				
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				A SS	_
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f an amendment provides for an exch	ange reclassificat	ion or cancella	ition of issued shar	رر است دی ری	AH 88
provisions for implementing the amer	idment if not cont	ained in the an	rendment itself:	FLORIDA	ट्ड
(if not applicable, indicate N/A)				<u>≅</u> ≥	دی:
) }	35
	<u> </u>				
		_	***		
					

The date of each amendment(s) adoption:	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 not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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.	
04/12/2019 Dated	ı
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)	
ALDO LOPEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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