## P19000038056

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: The One Tile & M	arble Corp	
	1BER: P19000038056		
	es of Amendment and fee are su	abmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	Gladis E Martinez		
		Name of Contact Person	n
	The One Tile & Marble Corp	)	
		Firm/ Company	<del></del>
	1800 San souci Blvd Ste 409	•	
		Address	
	N Miami, Florida 33181		
		City/ State and Zip Cod	<u></u>
		,	
	patomubikwan@hotmail.com	n sed for future annual report	
	ion concerning this matter, plea		210 1102
Gladis E Martinez		at ( <sup>786</sup>	_) 319-1183
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section			Address Iment Section
Division of Corporations		Division of Corporations	
P.O. Box 6327			entre of Tallahassee
Tallahassee, FL 32314		2415 1	N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to
Articles of Incorporation

The One Tile + 1	arble Corp
P19000038056	urrently filed with the Florida Dept. of State)
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	ion:
	The new
"Inc.," or Co.," or the designation "Corp," "Inc," or "Corp, "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word "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)	1800 SAn Souci Blvd Ste 409
	N Miami, FL 33181
	<u> </u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent	
	orida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	· ·
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	
Signature of	New Registered Agent, if changing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.012	

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>uth</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	Jorge Fabian Espinoza	1800 San Souci Blvd Ste 409
X Add				N Miami, FL 33181
Remove				
2) Change	·	_		
Add				<u>-100</u>
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				<u> </u>
Remove				
6) Change		_		
Add				
Remove				

. If amending or adding additional (Attach additional sheets, if necessar	ry). (Be specific)
	<del></del>
<del></del>	
<del></del>	
· -	
If an amendment provides for an e	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
(if not applicable, indicate N/A	f)
orge Fabian Espinoza is the Vice Presi	ident and will own 10% of the Business and the Shares of the Corporation

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	04/12/2021	:0 A A
The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:		
<del></del>	(no more than 90 days after amendment file date	?)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirement artment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without share	nolder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes east for the articient for approval.	nendment(s)
	oved by the shareholders through voting groups. The followards with the shareholders to vote separately on the amendment	
	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
Dated04/,	9/2021	
Signature A	ester	
(By a dire selected,	ctor, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or I fiduciary by that fiduciary)	
G	ladis E Martinez	
_	(Typed or printed name of person signing)	
Pi	resident	
_	(Title of person signing)	