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(((H21000429919 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : PEDRO LUZQUINOS

Account Number : 120170000042

Phone

: (954)655-8413

Fax Number

: (954)432-8807

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PWt DU[NO[F

COR AMND/RESTATE/CORRECT OR O/D RESIGN CRUZ DELIVERY TILE CORP

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CRUZ DELIVER	RY TILE CORP	
DOCUMENT NUMBER: P19000057508		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m		
CRUZ-MENDOZA, RAMO	ON E.	
	Name of Contact Perso	n
	Firm/ Company	
18622 NW 10TH CT		
MIAMI, FL 33169	Address	
	City/ State and Zip Cod	e
southfloridatile25@gmail.co	m	
h-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea		
PEDRO LUZQUINOS	at (954	655-8413
Name 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 & 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendi Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303

H210004299193

H210004299193 Articles of Amendment to Articles of Incorporation CRUZ DELIVERY TILE CORP (Name of Corporation as currently filed with the Florida Dept. of State) PI9000057508 (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.". 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: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I um familiar with and accept the obligations of the position.

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (c), F.S.

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Signature of New Registered Agent, if changing

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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 hold. 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>De</u>	
X Remove	<u>v</u>	Mike Jo	<u>unes</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
() Change	VP	_	DEBORAH VELASQUEZ	18622 NW 10TH CT
X ∧dd				MIAMI, FL 33169
Remove				
2) Change				
Add				
Remove 3) Change				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

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 If amending or adding additional Arti- (Attach additional sheets, if necessary). 	(Be specific)
	·
If an amendment provides for an exchi- provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
-	

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11/22/2021 The date of each amendment(s) adoption: , if other than the date this document was signed. 11/22/2021 Effective date if applicable: (no more than 90 days after umendment 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) (CHECK ONE) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ■ 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 (voting group) 11/22/2021 Dated 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

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(Typed or printed name of person signing)

appointed fiduciary by that fiduciary)

PRESIDENT

CRUZ-MENDOZA, RAMON E.

(Title of person signing)