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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: CARLOS TILES	SERVICES INC	
DOCUMENT NUM	IBER: P20000003754		
The enclosed Article	s of Amendment and fee are su	ubmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	CARLOS A PALIZA		
		Name of Contact Percor	1
		Firm/ Company	
	4516 W KNOX ST		
	TAMPA, FL 33614	Address	
	-	City/ State and Zip Code	:
For further information	E-mail address: (to be us	sed for future annual report	notification)
CARLOS A PALIZA	Ą	813 at (	953-6365
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

CARLOS TILES SERVICES INC	2020 FEB 10 7.410: 18
(Name of Corporation as	currently filed with the Florida Dept. of State)
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corpora	ation:
	The new
name must be distinguishable and contain the word "corpora" "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviatio	ttion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of	ice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent	
	lorida street address)
	oriaa sireet aaaressy
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered thereby accept the appointment as registered agent. I am for	I Agent: uniliar with and accept the obligations of the position.
Sjunature o	f New Registered Agent, if changing
organian Co	. The registered regett, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 = ChiefExecutive 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	<u>PT</u>	<u>John Do</u>	<u>oe</u>	
X Remove	$\underline{Y}$	Mike Jo	<u>enes</u>	
<u>X</u> Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	VP	_	MICHEL I GUILLEN	6617 N HUBERT
X Add				TAMPA FL 33614
Remove				
2) Change	VP	_	LUIZ GUILLEN	4516 W KNOX ST
Add				TAMPA FL 33614
Remove Change		_		
Add				
Remove				
4) Change		_	<u></u>	
Add				
Remove				
5) Change		_		-
Add				
Remove				
6) Change		<u> </u>		
Add				
Remove				·· <del></del>

Attach <i>addition</i>	r adding addit ad sheets, if ne	cessary).	(Be specific)					
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(if not app	licable, indicat	te N/A)	mient ii not c	<u>.outameu m</u>	tue amenum	em usen:		
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The date of each amendment(s) ad date this document was signed.	option: 2/5/2020	if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder actio	n and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s ficient for approval.	)
must be separately provided for e	oved by the shareholders through voting groups. The following statementach voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
DatedSignature	2/5/2020	
selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other count d fiduciary by that fiduciary)	
_	CARlos A PALIZA	
	(Typed or printed name of person signing)	
_	Pæsident.	
	(Title of person signing)	