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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ALBITILES & IN	STALLATIONN INC	
DOCUMENT NUMI	BER: P20000037510		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ELIDON AGRAJ		
	- · · · · · · · · · · · · · · · · · · ·	Name of Contact Persor	1
	ALBITILES & INSTALLAT	TION INC	
		Firm/ Company	
	10961 PEPPERMINT LN		
		Address	
	JACKSONVILLE FL 32257		
		City/ State and Zip Code	
	NAGDAY#AOL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas		6266553
	of Contact Person	at (_) de & Davtime Telephone Number
	or the following amount made		•
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	ling Address endment Section iston of Corporations Box 6327 ahassee, FL 32314	Amend Division The Co 2415 Y	Address Iment Section In of Corporations entre of Tallahassee N. Monroe Street, Suite 810 Issee, FL 32303

Articles of Amendment Articles of Incorporation οſ

ALDI TILES & ENSTALLATION INC		
(<u>Name of Corporation as currently filed w</u> P 20000037510	ith the Florida Dept. of State)	
(Document Number of Corpor	nion (ii known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following a	mendment(s)
A. If amending name, enter the new name of the corporation:		
		he new
name must be distinguishable and contain the word "corporation," "company "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profess "chartered," "professional association," or the abbreviation "P.A."	" or "incorporated" or the abbreviation ' ional corporation name must contain t	"Corp" he word
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
		<u>. </u>
Notice and the address of a clean		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	D _E	
	· ·	 .
If amonding the registered agent and/or registered off a relative to	Cold. I de Cold	**
 If amending the registered agent and/or registered office address in Fl new registered agent and/or the new registered office address; 	orida, enter the name of the	5
		:: D: o,
Name of New Registered Agent		ـــ
		
(Florida street addres	s)	
New Registered Office Addraws:	Florida	
	(Zip Code	

☐ 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)

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.

\underline{X} Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	z Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	V	ARBEN BASHA	11365 WEST RIDE DRIVE
X Add		-	JACKSONVILLE, FL 32223
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	<u>cles, enter change(s) here;</u> (Be specific)	
		· · · · · · · · · · · · · · · · · · ·
· - · · · ·		
f an amendment provides for an excl	iange, reclassification, or cancellation of issue	d shares.
		-alf-
provisions for implementing the ame	<u>ndment if not contained in the amendment its</u>	<u>ец.</u>
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment its	сц.
provisions for implementing the ame	ndment if not contained in the amendment its	сп.
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To State

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	10/07/2020	
The date of each amendment(s) ad	option:	if other than th
late this document was signed.		
	7/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wpartment of State's records.	fill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east i	for the amendment(s) was/were sufficient for approval	
by ELIDON AGARAJ	•	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
10/07/2020 Dated		
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
	Presont	

(Title of person signing)