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A. RAMSEY NOV 1 6 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: V&M TILE INC				
DOCUMENT NUME	P21000054857				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	PATRICIA PACHECO				
	Name of Contact Person				
		Firm/ Company			
	1220 51ST AVE E APT B				
	BRADENTON, FL 34203	Address			
		City/ State and Zip Cod	e		
For further information	E-mail address: (to be used to be	sed for future annual report	notification)		
PATRICIA PACHECO		941 at (465-5123		
Name o	of Contact Person	at (941) 465-5123 Area Code & Daytime Telephone Number			
Enclosed is a check fo	r 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)	☐\$52.50 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		Ameno Divisio Cliftor	Address Iment Section on of Corporations of Building Executive Center Circle		

1,

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

2021 NOV -2 AM 11:-26

V&M TILE INC

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(Name of Corporation as currently	filed with the Florida Dept. of State) 1/1/1/1/2 - 6
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(Document Number of O	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation. "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et 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 am familiar w	ith and accept the obligations of the position

Signature of New Registered 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	ANGEL G CASTILLO KOKKO	2133 4TH ST E
XX Add			BRADENTON, FL 34208
Remove			
2) Change		_	
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
· ·	
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
orovisions for implementing the amo (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi applicable, indicale (VA)	

	09/01/2021	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
0.	9/01/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(//o //o/c lilla// / lilla/c l	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	dment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment(
"The number of votes co	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
· ——-	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareho	lder
09/28/20 Dated		
(By a	director, president or other officer - if directors or officers have no	ot been
	ted, by an incorporator – if in the hands of a receiver, trustee, or oth	ner court
аррс	inted fiduciary by that fiduciary)	
	PATRICIA PACHECO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	