

P22 00000 2262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

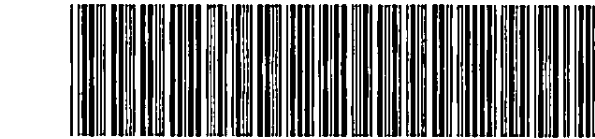
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2022 MAR 11 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FL

3/15/2022

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** JL TILE DESIGN, CORP

**DOCUMENT NUMBER:** P22000002262

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOAO HENRIQUE DE SOUZA FIGUEIREDO  
Name of Contact Person  
JL TILE DESIGN, CORP  
Firm/ Company  
11948 FLOTILLA PL  
Address  
BOCA RATON, FL 33428  
City/ State and Zip Code  
JL.TILEDESIGNS@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOAO HENRIQUE DE SOUZA FIGUEIREDO at ( 978 ) 735-5312  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



RECEIVED

2022 MAR 11 AM 11:38

FLORIDA DEPARTMENT OF STATE  
Division of Corporations SECRETARY OF STATE  
TALLAHASSEE, FL

February 15, 2022

JOAO HENRIQUE DE SOUZA FIGUEIREDO  
11948 FLOTILLA PL  
BOCA RATON, FL 33428

SUBJECT: JL TILE DESIGN, CORP  
Ref. Number: P22000002262

We have received your document for JL TILE DESIGN, CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 522A00003757

Articles of Amendment  
to  
Articles of Incorporation  
of

JL TILE DESIGN, CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P22000002262

(Document Number of Corporation (if known))

FILED

2022 MAR 11 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FL

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:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "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**)

11948 FLOTILLA PL

BOCA RATON, FL 33428

C. Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

11948 FLOTILLA PL

BOCA RATON, FL 33428

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 JOAO HENRIQUE DE SOUZA FIGUEIREDO

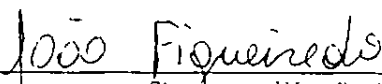
11948 FLOTILLA PL

(Florida street address)

New Registered Office Address: BOCA RATON, Florida 33428  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.*

**Example:**

X Change                      PT        John Doe

X Remove                     V        Mike Jones

X Add                         SV       Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>      </u> Change	<u>VP</u>	<u>LEANDRO CARDOSO DA SILVA</u>	<u>6436 FRENCH ANGEL TER.</u>
<u>      </u> Add			<u>MARGATE, FL 33063</u>
<u>X</u> Remove			
2) <u>      </u> Change	<u>VP</u>	<u>CAROLINE CANELA DA SILVA</u>	<u>11948 FLOTILLA PL</u>
<u>X</u> Add			<u>BOCA RATON, FL 33428</u>
<u>      </u> Remove			
3) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
4) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
5) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
6) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

[illegible]

01/29/2022

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

01/29/2022

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment 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

by \_\_\_\_\_"  
(voting group)

01/29/2022

Dated \_\_\_\_\_

Signature

João Figueiredo  
(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 appointed fiduciary by that fiduciary)

JOAO HENRIQUE DE SOUZA FIGUEIREDO

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)