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## **COVER LETTER**

TO: Amendment Section Division of Corporations

. .

NAME OF CORPO	RATION: Carlos Ariel Tile C	огр		
DOCUMENT NUM	P22000020069			
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Nery Bonilla			
		Name of Contact Persor	1	
	Carlos Ariel Tile Corp			
	<u></u>	Firm/ Company	·········	
	11024 NW Flagler LN	· ····································		
	<u></u>	Address		
	Miami, FL 33172			
		City/ State and Zip Code		
	Leonclud57@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Nery Bonilla		786 at (	488-6131	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:	
S35 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 The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	
		Tallah	assee, FL 32303	

## **Articles of Amendment** to Articles of Incorporation

A	to		
Ar	ticles of Incorporation	,	
	of		超量型
Carlos Ariel Tile Corp			語为一
(Name of Corporation	as currently filed with the I	lorida Dept. of State)	555 5 M
P22000020069			100 B
(Documer	nt Number of Corporation (if I	known)	70
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	tatutes, this Florida Profit Co	prporation adopts the fol	lowing amendmen(s) to
A. If amending name, enter the new name of the corp	ooration:		
			The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevio	or "Co". A professional co		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u></u>		
C. E. A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<del></del>
-			
	<del></del>		
D. If amending the registered agent and/or registered	d office address in Florida, e	nter the name of the	
new registered agent and/or the new registered of			
Name of New Registered Agent			
Traine of the Megister earligem			<del></del>
	(Florida street address)		
	(1.10.100.100)		
New Registered Office Address:	(City)	, Florida	(Zin Code)
	(Chy)		(inp code)
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered agent. I d		he obligations of the pos	ition.
	ure of New Registered Agent,	if changing	
Signati	are oj ivew Kegisierea Ageni,	ij enunging	
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 = 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Nery Bonilla	11024 NW Flagler Ln
X Add			Miami, FL 33172
Remove			
2) Change			
Add			
Remove 3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	heets, if necessary).	ticles, enter change (Be specific)			
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		change reclassific	ation, or cancella	tion of issued share	s.
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, to Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ 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.	ment(s)
	pproved by the shareholders through voting groups. The following some each voting group entitled to vote separately on the amendment(s)	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	30/2022 Les Baco	
Signature_/	director, president or other officer - if directors or officers have not	
(By a selec	director, president or other officer – if directors or officers have not ted, by an incorporator – if in the hands of a receiver, trustee, or othe inted fiduciary by that fiduciary)	been r court
	Nery Bonilla	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	