## P23000037965

(	Requestor's Name)				
	(Address)				
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(.	Address)				
	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
	Business Entity Name)				
(	Business Crimy Hame)				
(	Document Number)				
Certified Copies	Certificates of	Status			
Special Instructions to F	filing Officer:				
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ANC MASTER TI	LES CORP	
DOCUMENT NUM	BER: P23000037965		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	LUCIMAR V. MUSCH		
		Name of Contact P	erson
	LM ACCOUNTING & PAY	ROLL SERVICES LL	С
		Firm/ Company	v
	8382 BAYMEADOWS RD.	SUITE 4	
		Address	
	JACKSONVILLE, FL 32256		
		City/ State and Zip	Code
	LMPAYROLL13@GMAIL.0	COM	
	E-mail address: (to be us	ed for future annual re	port notification)
For further information LUCIMAR V. MUSO	on concerning this matter, pleas		699-6634
	of Contact Person	at (	a Code & Daytime Telephone Number
	or the following amount made j		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	An Di Th 24	reet Address nendment Section vision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite 810 Hahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ANC MASTER TILES CORP

(Name	of Corporation as currently	filed with the Florida Dept	t. of State)	=n
P23000037965				town land
	(Document Number of	Corporation (if known)	2023 NOT 2 O	/////: 38
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Horida Profit Corporation ac	lopts the following an	nendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
			Th	e new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc." or "Co". A			
B. Enter new principal office address,	if applicable:			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )			
		-		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable:			
(Mailing address <u>MAT BE A POST</u>	OFFICE BOX)			
			•	
D. If amending the registered agent ar	<u>id/or registered office addre</u>	ess in Florida, enter the nar	ne of the	
new registered agent and/or the new	w registered office address:			
Name of New Registered Agent	LM ACCOUNTING & PA	YROLL SERVICES LLC		
	8382 BAYMEADOWS RD			
	(Florida stre	et address)	_	
New Registered Office Address:	JACKSONVILLE		, Florida FLORIDA	
	(	City)	(Zip Code,	,
New Registered Agent's Signature, if c	hunging Pogistered Agent.			
I hereby accept the appointment as regist		ith and accept the obligation.	s of the position.	
	DA M			
5. pu	Signature of New Re	gistered Agent, if changing		

## Check if applicable

 $\Box$  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.

Example: X Change	<u> 197</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VICE	EDILSON NOGUEIRA CRUZ	9528 SHELLIE RD
X Add			JACKSONVILLE, FL 32257
Remove			
2) Change		<del>_</del>	
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
. Ramove			

(Attach <i>ad</i>	ling or adding additional Ar dditional sheets, if necessary).	(Be specific)			
18		· ·	-		<u></u>
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<u>f an ame</u> provisio	endment provides for an exc ons for implementing the am	hange, reclassifica	tion, or cancellati	on of issued shares	<u>i.</u>
(if n	ot applicable, indicate N/A)	CHAIRCIR II BOY COII	turned in the unit	nument users.	
		<u> </u>			
			<del></del>		

The date of each amendment(s) adoption:	, if other than the
09/08/2023	
Effective date if applicable: (no more than 90 days after	amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of direction was not required.	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate	
"The number of votes east for the amendment(s) was/were sufficient	for approval
by	.**
(voting group)	
Signature  (By a director, president or other officer – if director, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
AILTON NOGUEIRA CRUZ	
(Typed or printed name of pers	son signing)
PRESIDENT	
(Title of person signing)	