P940000200107

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone	¥)
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
Certified Copies Certificates of	of Status
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2018 SEP 13 AM 10:31 SECRETARY OF STATE

Amend. 9-17-18 Do



RECEIVE:

19 SEP 13 AM IO: 23

SECRETARY OF THE FALLAHASSET THE TENTON

September 5, 2018

MICHAEL SHINSKY 12273 WEST HIGHWAY 98 MIRAMAR BEACH, FL 32550

SUBJECT: SUNCOAST TILE AND MARBLE DESIGN, INCORPORATED

Ref. Number: P94000020067

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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: 918A00018340



August 14, 2018

MICHAEL SHINSKY 12273 HIGHWAY 98 WEST MIRAMAR BEACH, FL 32550

SUBJECT: SUNCOAST TILE AND MARBLE DESIGN, INCORPORATED

Ref. Number: P94000020067

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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

> SE TALI

Letter Number: 118A00016822

18 AUG 31 PH 2: 0:

COVER LETTER

For further information concerning this matter, please call:

Michael Shinsby at (450) 650-1919
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:

☐ \$35 Filing Fee

TO: Amendment Section

Division of Corporations

□\$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

Sun Coast Tile and Marble	Design, incorpor	ited
(Name of Corporation as currently f	filed with the Florida Dept. of State)	
P94 000020067		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
NIA		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must c	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	ECRETARY OF STALLAHASSEE.
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	#2 3 -
Name of New Registered Agent	la	
(Florida street	(address)	
New Registered Office Address:	, Florida	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	ity) (Zip (iode)
Signature of New Reg	gistered 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 Do	<u>uc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
<u>X</u> Add	<u>sv</u>	Sally Sn	nith ·	
Type of Action (Check One)	<u>Title</u>		Name	Address
I) Change	YP	_	Deborah Maurchie	7 Poplar Way
Add Remove				Santa Rosa Beach, FL 32549
2) ChangeX_ Add	_\$	<u>) </u>	Diane Tucker	311 E. Danielle Court Mary Esther,
Remove 3)ChangeAdd				FL 32569
Remove 4) Change Add				
Remove 5) Change Add Remove				
6) Change Add Remove				
NUMON C				

Attach additional sheets, if nece	isary). (Be specific	<i>:</i>)		
		NIA		
				
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f an amendment provides for	an eschange reclas	sification or cance	Hation of issued shar	res.
provisions for implementing t	<u>he amendment if no</u>	ot contained in the	amendment itself:	
(if not applicable, indicate	:			
	NI	<u>A</u>		
·				
-		<u> </u>	<u> </u>	

The date of each amendment(s) addate this document was signed.	option: Tilly	30,2018	, if other than the
Effective date <u>if applicable</u> :	(no more than 90	days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep		able statutory filing requirements, the	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were adop by the shareholders was/were suf		number of votes cast for the amendn	nent(s)
☐ The amendment(s) was/were approvided for a		igh voting groups. The following sta ote separately on the amendment(s).	
"The number of votes east f	for the amendment(s) was/were	sufficient for approval	
by	(voting group)	<u></u>	
	(voting group)		
The amendment(s) was/were adopaction was not required. The amendment(s) was/were adopaction was not required.		without shareholder action and share	
Dated		er – Orectors or officers have not be hands of a receiver, trustee, or other	
-	(Typed or printed no	A. Shinsky	
-	Preside (Title of	evit	