

P97000051137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

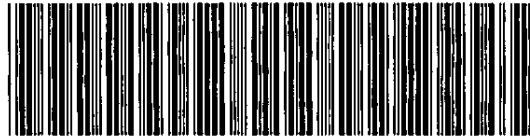
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

NO NAME CHANGE BEING MADE
7/22/16

Office Use Only



700287349307

06/28/16--01023--003 **35.00

16 JUL 22 PM 2:23
SECRETARY OF STATE
DIVISION OF CORPORATIONS

JUL 05 2016

C McNAIR

JUL 25 2016

C McNAIR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2016

MICHELINA MOTTOLESE
MICHELINA MOTTOLESE INTERIORS DESIGN CO
17555 COLLINS AVE UNIT 603
SUNNY ISLES BEACH, FL 33160

SUBJECT: ATELIER DEL TILE INC.
Ref. Number: P97000051137

We have received your document for ATELIER DEL TILE INC. 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 name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

Please check only one Adoption of Amendment Box.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 916A00014068

SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JUL 22 PM 2:23

COVER LETTER

TO: Amendment Section
Division of Corporations

SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JUL 22 PM 2:23

NAME OF CORPORATION: ATELIER DE TILE INC

DOCUMENT NUMBER: P97000051137

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

Please return all correspondence concerning this matter to the following:

MICHELINA MOTTOLESE
Name of Contact Person
MICHELINA MOTTOLESE INTERIORS DESIGN CORP
Firm/ Company
17555 COLLINS AVE UNIT 603
Address
SUNNY ISLES BEACH - FLORIDA 33160
City/ State and Zip Code

MMIDCORP@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELINA MOTTOLESE at (305) 4952450
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
- \$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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JUL 22 PM 2:23

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

ATELIER DEL TILE INC #P97000051137

(Document Number of Corporation (if known))

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**)

195 NE 65th Street, Miami Florida 33138

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

17555 Collins Ave Unit 603

Sunny Isles Beach - Florida 33160

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 _____

(Florida street 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 with 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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	EDGAR F JIMENEZ	17555 COLLINS AVE UNIT 603 SUNNY ISLES BEACH FLORIDA 33160
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

CHANGED NEW PRINCIPAL OFFICE

KEEP SENDINMG INFORMATION TO: 17555 Collins Ave Unit 603 Sunny Isles Baech - Florida 33160

NEW: VP (Edgar F Jimenez)

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)

June 22/ 2016

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

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 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)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

June 22, 2016
Dated _____

Signature _____

(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)

MICHELINA MOTTOLESE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)