## 546375

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Nelson Tile and Remodeling In DOCUMENT NUMBER: S46375 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Peggi Nelson Name of Contact Person Nelson Tile and Remodeling Inc Firm/ Company 1615 Monroe St Address Hollywood, Florida 33020 City/ State and Zip Code nclsontile@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954 ) 448-3303 Area Code & Daytime Telephone Number Peggi Nelson Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Nelson Tile and Remodeling Inc (Name of Corporation as currently filed with the Florida Dept. of State) S46375 (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: Nelson Tile Inc 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (FJurida street address) Florida New Registered Office Address: (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

held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	r, Directo in the fol wes the co	or would be PTI llowing manner orporation, Sal	D. : Currently John Doe is listed as the P ly Smith is named the V and S. These sl	an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	   <u>  Nam</u> 	<u>e</u>	Address
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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

	ies, enter change(s) here.
nmending or adding additional Artic tach additional sheets, if necessary).	(Be specific)
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t yet		
The date of each amendment(s) adoption: date this document was signed.	<u> </u> 	if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more man 30 days after amenament file date)	
Note: If the date inserted in this block does r document's effective date on the Department of	of the distribution of the state of the stat	be listed as the
Adoption of Amendment(s) (CH	BECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s)	
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	 ndment(s) was/were sufficient for approval 	
by		
(vo	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
08/30/2017		
Dated		
Signature (10)	216	
	or other officer – if directors or officers have not been or orator – if in the hands of a receiver, trustee, or other court by by that fiduciary)	
Peggi Nels		
	(Typed or printed name of person signing)	<del></del>
VP		
	(Title of person signing)	