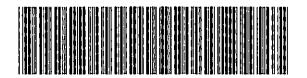
P19000006694

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OSCAR'S M.	ARBLE AND TITLE INC
DOCUMENT NUMBER: P19000006694	,
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
LORENA C RIOS	
	Name of Contact Person
TAX ZONE INC	
	Firm/ Company
8865 COMMODITY C	TRCLE STE 4
	Address
ORLANDO, FL 32819	
	City/ State and Zip Code
LORENA@TAXZONEFL.C	ом
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	, please call:
LORENA C RIOS	at (407) 888-3131
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount r	nade payable to the Florida Department of State;
\$35 Filing Fee	
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

OSCAR'S MARBLE AND TITLE INC

	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000006694	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: OSCAR'S MARBLE AND TILE INC	The new
name must be distinguishable and contain the word "corporat, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	54 PINE DR
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	LAKE ALFRED, FL 33850
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	54 PINE DR
·	LAKE ALFRED, FL 33850
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent	;
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	nt: with and accept the obligations of the position.
* Oscar Garaa	
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	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add	<u></u>		_
Remove			

Attach additional sheets, if necessary).	(Be specific)
·	
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and and an and an and an analysis and an analys
	

The date of each amendment	02/01/2019 (s) adoption:	, if other than the
date this document was signed	•	
Effective date <u>if applicable</u> :	02/01/2019	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed 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)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	2/01/19 Oscar Garca	
Signature <u>*</u>	Oscar Garca	<u>. </u>
(1:	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	opointed fiduciary by that fiduciary)	
	OSCAR GARCIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	