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(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	·
(Cit	ty/State/Zip/Phone	e #)
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(Bu	ısiness Entity Nar	ne)
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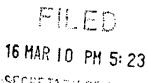
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Polo Stone Service	es, Inc			
DOCUMENT NUMBI	ER: P16000010672				
	f Amendment and fee are su	ibmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
Y	orbanys Polo				
_	• • •	Name of Contact Person	n		
P	olo Stone Services				
_		Firm/ Company			
1	104 Doss Ave				
-	Address				
C	Prlando, FL 32879				
_		City/ State and Zip Cod	e		
orlando	taxpro@outlook.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Yorbanys Polo		at (,		
Name of Contact Person at () Area Code & Daytime Telephone N					
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Polo Stone Services, Inc

OF SECRETARY OF STATE TALLAHASSEE FLORIDA

(<u>Name</u>	of Corporation as currently	filed with the Florida Dept.	of State)
P16000010672			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	o". A professional corporati	ated" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S			
(17 meiput office unuress <u>most 1917) s</u>	TREAT TOURLESS)		
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)	icable: OFFICE BOX)		
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the name	of the
	Yorbanys Polo		
Name of New Registered Agent		<u> </u>	
	1104 Doss Ave		
	(Florida street	aaaress)	32879
New Registered Office Address:		, I	Florida(Zip Code)
	(0	****/	(Zip Couc)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		h and accept the obligations (of the position.
_ Y	Thank Polo Signature of New Reg		
v	Signature of New Reg	istered 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)	Title	Name	<u>Addres</u> s
1) Change	P	Geovany Polo	1104 Doss Ave
Add x Remove			Orlando, FL 32879
2) Change	P	Yorbanys Polo	1104 Doss Ave
x Add			Orlando, FL 32879
Remove 3) Change	VP	Yoilier Machado Almaguer	1104 Doss Ave
x Add			Orlando, FL 32879
Remove 4) Change			
Add Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
			<u> </u>	
	 			
				-
			-	
	· · · · <u> · · · · · · · · · · · · · ·</u>			
f an amendment provides for an exch	ange, reclassification,	or cancellation of iss	ued shares,	
provisions for implementing the ame	ndment if not containe	d in the amendment	<u>itself:</u>	
(if not applicable, indicate N/A)		,		

	03/01/2016	
	adoption:	, if other than the
date this document was signed.		
0 Effective date <u>if applicable</u> :	3/01/2016	
Entenve date <u>ir appreasie</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
03/07/20 Dated	016	
sele	a director, president of other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	Yorbanys Polo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	