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SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: PUMA MARBLE	CO INC			
DOCUMENT NUN					
	es of Amendment and fee are su	bmitted for filing.			
Please return all com	respondence concerning this ma	tter to the following:			
	MARY ELLEN SEITZ				
	Name of Contact Person				
	PUMA MARBLE CO INC				
		Firm/ Company			
	5445 NW 2 AVE	• •			
		Address			
	MIAMI, FL 33127				
		City/ State and Zip Cod	e		
	·				
	INFO@PUMAMARBLE.CO			AL AL	
	E-mail address: (to be us	sed for future annual report	notification)	A.	
For further informat	ion concerning this matter, plea	se call:		ECRETARY OF STATE	
MARY ELLEN SEITZ		305 at (658.6461	STA E, FL	
Name of Contact Person		Area Co	de & Daytime Telephone Number	J.E	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PUMA MARBLE CO INC		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbrevior professional corporation name must con	ation "Corp.," tain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
(1 The put office data ess incor be 11 or the established)		
		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		APP 2
		APR
		- S - 20 F
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	SHOP PR
new registered agent and/or the new registered office address:		SI
Name of New Registered Agent		1777 1747 196 :
		$\mathbf{u}_{\mathbf{i}}$ $\mathbf{a}_{\mathbf{i}}$
(Florida stree	et address)	
New Registered Office Address:	. Ftorida	
		ip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the positio	n.
Signature of New Res	gistered Agent, if changing	
	, 0 0 0	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

__ Remove

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.

<u>PT</u>	John Doe	
V	Mike Jones	
<u>SV</u>	Sally Smith	
<u>Title</u>	Name	<u>Addres</u> s
S	MELISSA MESTRE	5981 SW 46 TERRACE
		MIAMI FL 33155
S	MARY ELLEN SEITZ	8245 SW 140 AVE
		MIAMI, FL 33183 FC RETT
		- \$5 ° 6 ° F
		OF ST
		FL : 36
	Y SV Title S	V Mike Jones SV Sally Smith Title Name S MELISSA MESTRE

E. If amending or adding additional Articles, enter change(s) here:		
(Attach additional sheets, if necessary). (Be specific)		
	SE(202
	<u>≥</u>	2023 APR 20
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	SEE	
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	P. TAT	<u>ښ</u>
	F14	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued	l sha <u>res,</u>	
provisions for implementing the amendment if not contained in the amendment itse	elf:	
(if not applicable, indicate N/A)		
N/A		

The date of each amendment(s) adoption:	if	other th	nan the
Effective date if applicable: April 1, 2023			
(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 document's effective date on the Department of State's records.	will not b	e listed	as the
Adoption of Amendment(s) (CHECK ONE)			
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and share	holder	
☐ 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	SECRETARY OF STATE TALLAHASSEE, FL	2023 APR 20 PM 1: 36	
(Typed or printed name of person signing)			
<u></u>			
(Title of person signing)			