502513

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SECRETARY OF STATE

Hound

MAY 29 2018 ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Super Stone Inc.		
DOCUMENT NUM	562513		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Janine Lutz		
		Name of Contact Person	n
	Super Stone Inc.		
		Firm/ Company	
	1251 Burlington street		
		Address	
	Opa-Locka, Florida 33054		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e
Acco	unting@superstone.com		
		sed for future annual report	notification
	D man addition (to be a	sed for rature annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Janine Lutz		at (681-3561
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

	ncorporation
Super Sto	one, INC.
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
5625	513
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	; فيم
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ELLAHASSEE LO ST.
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
New Registered Office Hadress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Signature of New	w 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)

Example:

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>X</u> Ch	ange	<u>PT</u>	John Doe	
X Re	move	<u>V</u>	Mike Jones	
<u>X</u> Ac	dd	<u>sv</u>	Sally Smith	
Type o	of Action (One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)	_ Change	Own	Marguerite Buhler	1251 Burlington street
	Add			Opa-locka, Florida
<u>x</u>	Remove			33054
2) <u>x</u>	_ Change	P	Janine Lutz	1251 Burlington street
,	Add			Opa-locka, Florida
	Remove			33054
3)	Change	Treas	Barbara Pino	1251 Burlington street
x	Add			Opa-locka,Florida
	Remove			33054
4)	_ Change	Sec	Michelle Coleman	1251 burlington street
х	Add			Opa-locka, Florida
_	Remove			
5)	_ Change			
	Add			
	Remove			
6) <u> </u>	_ Change			
	Add			
	Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)			
	· · · ·		······	
· 		<u> </u>		
				
				<u>-</u>
-	 	.		
				
				
	1.27			
**************************************		31	c:) .	
If an amendment provides for an exch provisions for implementing the ame	ange, reclassificati ndment if not cont:	on, or cancellation in the amen	dment itself:	7
(if not applicable, indicate N/A)				
	<u> </u>			
				·
				·

	· ·	
	ption:, if other th	ian the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will not be listed irtment of State's records.	as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):	
	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
selected, appointed	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	
P	resident-Ownwer	
_	(Title of person signing)	