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And

JUN 27 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ST	ONE BROKE	R OF AM	IERICA INC	
DOCUMENT NUMBER: L1966				
The enclosed Articles of Amendment a		filing.		
Please return all correspondence conce	rning this matter to the fo	ollowing:		
MIGUEL	INGELMO			
	Name o	Contact Person		
STONE	BROKER OF	AMERIC	CA INC	
	Firr	n/ Company		
8535 NV	V 56 ST			
		Address		
DORAL,	FL 33166			
	City/ Sta	ite and Zip Code		
	OKR@AOL.C			
E-mail add	ress: (to be used for futur	re annual report i	notification)	
For further information concerning this	matter, please call:			
MIGUEL INGELMO		at (305	593-8082	
Name of Contact Person		Area Cod	le & Daytime Telephone Number	
Enclosed is a check for the following a	mount made payable to t	he Florida Depa	tment of State:	
□ \$35 Filing Fee □\$43.75 F Certificat	te of Status Certifi	Filing Fee & ed Copy onal copy is ed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address				
Amendment Section Division of Corporat	Amendment Section Amendment Section			
P.O. Box 6327	•			
Tallahassee, FL 32314 2661 Executive Center Circle				
Tallahassee, FL 32301			ssee, FL 32301	

Articles of Amendment Articles of Incorporation

STONE BROKER OF AMERICA INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

1 10662

L19002	•
(Document Number of Cor	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corpo	ation:
N/A	The new
name must be distinguishable and contain the word "c" "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered onew registered agent and/or the new registered officers.	
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	familiar with and accept the obligations of the position.
Signature of New I	raistered 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	ST		ANIUSKA SOSA	8535 NW 56 ST
✓ Add				DORAL , FL 33166
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_ <u>_</u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add	******			
Remove				

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provisions for impleme	enting the amen	ange, reclassifi idment if not c	cation, or can	cellation of issi e amendment i	ied shares, tself:	
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provisions for impleme	enting the amen	ange, reclassifi idment if not c	cation, or can	cellation of issi e amendment i	ied shares, tself:	

The date of each amendment date this document was signed	t(s) adoption: U4/15/2U14	, if other than th
Effective date if applicable:	04/15/2014	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
	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	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
<u></u>	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_04/1	15/2014	
Signature		
(E	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 oppointed fiduciary by that fiduciary)	_
	MIGUEL INGELMO	
	(Typed or printed name of person signing)	. ·
	PRESIDENT	
	(Title of person signing)	_