

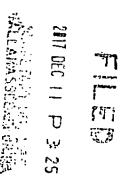
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TO: Amendment Section Division of Corporations

3.4

NAME OF CORPORATION: CLAS	SIC STONE D	ESIGNS INC	
DOCUMENT NUMBER: P02000008			
The enclosed Articles of Amendment at	nd fee are subm	itted for filing.	
Please return all correspondence concer	ning this matter	to the following:	
LUANN THOM.	AS		
		Name of Contact Persor	1
LUANN THOM.	AS, INC		
		Firm/ Company	
2170 KEARNEY	AVE		
		Address	
NAPLES, FL 34	117		
		City/ State and Zip Code	
LUANN@THOMASP	A.COM		
E-mail addr	ess: (to be used	for future annual report	notification)
For further information concerning this	matter, please c	all:	
LUANN THOMAS		at (²³⁹	348-9966 de & Daytime Telephone Number
Name of Contact Person	•	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following an	nount made pay	able to the Florida Depa	ertment of State:
■ \$35 Filing Fee □\$43.75 Fil Certificate		S43.75 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

CLASSIC STONE DESIGNS, INC		FIFD
(Name of Corporation a	s currently filed with th	e Florida Dept. of State)
P02000008146		2017 DEC 11 P 3: 25
	Number of Corporation (i	if known)
Pursuant to the provisions of section 607.1006, Florida Sta its Articles of Incorporation:	tutes, this Florida Profit	Corporation adopts The full towing amendine of (3) ho
A. If amending name, enter the new name of the corpor	ration:	
		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	Inc," or "Co". A profes	," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>55</u>)	
		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.		enter the name of the
new registered agent and/or the new registered orne	e address.	
Name of New Registered Agent		
t .	Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
Now Desistand Agent's Signature if changing Desistant	and Amanda	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		the obligations of the position.
	•	÷ .
Signature	e of New Registered Agen	t, 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 Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>SV</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>			
1) X Change	P	PETRU SACACIAN	4791 11TH AVE SW			
Add			NAPLES, FL 34116			
Remove						
2) X Change	VP	CLAUDIA SACACIAN	4791 11TH AVE SW			
Add			NAPLES, FL 34116			
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add		— ——				
Remove						

	ding or adding additional sheets,	; if necessary).	(Be specific)				
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fan an	nendment provi	des for an excha	inge, reclassifica	ation, or cancella	ition of issued sl	iares,	
<u>provisi</u> (if	ions for impleme not applicable, i	enting the amen Indicate N/A)	dment if not col	ntained in the an	<u>nendment itself:</u>		
(9	nor approbable, i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
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	**		, <u>.</u>				 -
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12/01/2017	
he date of each amendment(s) adoption:	, if other than the
ite this document was signed.	
12/01/2017	
ffective date if applicable:	
(no more than 90 days after amendment file date)
lote: If the date inserted in this block does not meet the applicable statutory filing requirement locument's effective date on the Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
 The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required. 	
12/012017 Dated	
Signature	
(By a director, president or officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	not been other court
PETRU SACACIAN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	