## PROBREGA

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R. WHILE

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Robert and son's marble & Granite inc
DOCUMENT NUMBER: 203000 67 094
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Roberto Martinez  Name of Contact Person  Robert and Son's marble 1 Granite in C  Firm/Company  7500 NW 706t.  Address
Miami, Florida 33166  City/ State and Zip Code  robert and son att. net  E-mail address: (to be used for Tuture annual report notification)
For further information concerning this matter, please call:  LOUVALS Martine3 at (305) 450-4566  Name of Contact Person at (305) Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Amendment Section  Street Address Amendment Section

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment

to

FILED

Articles of Incorporation						
of 15 FEB 17 19H	2: 29					
Robert and son's marble & Coranite	<u>-100</u>					
(Name of Corporation as currently filed with the Florida Dept. of State) AHASSES FOR THE						
P03000067094						
(Document Number of Corporation (if known)						
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foits Articles of Incorporation:	llowing 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," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."	the abbreviation					
B. Enter new principal office address, if applicable:						
(Principal office address <u>MUST BE A STREET ADDRESS</u> )						
	<del></del>					
	***********					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent	<del> </del>					
(Florida street address)						
New Registered Office Address:, Florida						
(City) (Zip Co	de)					
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.						
where the approximation as regional to agent. I am juminal with and accept the congunous of the pos	********					
Signature of New 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)

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 <math>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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<del></del>		
Add Remove	V	Roberto José Mar	tinez
2) Change			
Add Remove			
3) Change	<del></del>		
Add Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change		<del></del>	
Add Remove			

ach additional sheets, if necessary).	(Be specific)
<del>-, · · · · · · · · · · · · · · · · · · ·</del>	
an amendment provides for an exch royisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, address if not contained in the amendment itself:
(y not approduce, marcare (n.)	
<del></del>	

The date of each amendment(s) add date this document was signed.	option:	, if other than th
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	,,	
•	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop	ted by the incorporators without shareholder action and shareholder	
action was not required.		
Dated 02	111/15	
S:	Flitting for	
Signature (By a din	ector, president of other officer – if directors or officers have not been	<del></del>
	by ap incorporator — if in the hands of a receiver, trustee, or other court	
	d fiduciary by that fiduciary)	
/	Roberto F Martines	
_	(Typed or printed name of person signing)	
_	President.	
	(Title of person signing)	