## P04000107a91

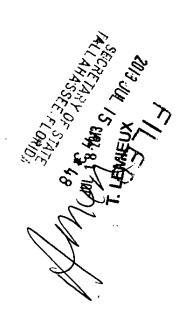
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PANTAI GIDDOCUMENT NUMBER: P0400010729		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	•
Please return all correspondence concerning this ma	tter to the following:	
GUY FERNANDE	ES	
PANTAI GRANIT	Name of Contact Person <b>E, INC.</b>	1
7770 NW 32ND 8	Firm/ Company STREET	
DORAL, FL 3312	Address 22	
	City/ State and Zip Code	•
CCASAPAVA@GTA	TAX.COM	
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, please	se call:	
CRISTIANA S. BAAS, CPA	at (954	, 421-7300
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Depa	ertment of State:
\$35 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)
Mailing Address  Amendment Section  Division of Corporations	Amend	Address ment Section on of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

PANTAI GRANITE, INC.			
(Name of Corporation as currently P04000107291	y filed with the Florida D	ept. of State)	
	r of Corporation (if known)	-	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida I</i>	Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the	e corporation:		
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or v	orp," "Inc," or "Co". A		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
D. If amending the registered agent and/or registered registered agent and/or the new register		orida, enter the name of the	<del></del>
Name of New Registered Agent			
	(Florida street addres	ss)	
New Registered Office Address:	(0)	, Florida	
	(City)	(Zip ·	Code)
New Registered Agent's Signature, if changing Is I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and	accept the obligations of the p	osition.
Signature oj	f New Registered Agent, if	changing	
			141 run.

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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)

نس.

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)	<u>Title</u>	Name	Address
1) Change	V	WILIAN LLERENA ALEMAN	7770 NW 32ND STREET
X			DORAL, FL 33122
Remove			
2)Change		_	
Add			
Remove			
3)Change			
Add			
Remove			·
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			-
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			·
Remove			

If amending or adding additions (Attach additional sheets, if necess	sary). (Be specific)			
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If an amendment provides for a	n evchance reclassi	fication or cancellation	n of issued shares	
provisions for implementing th	ne amendment if not	contained in the amer	idment itself:	
(if not applicable, indicate l	V/A)			•
••	•			
			<del></del> -	

The date of each amendment(	07-01-2013	
The date of each amendment (date this document was signed.	s) adoption:	, if other than the
Effective date if applicable:	07-01-2013	
Enterne date <u>in apprecione</u> .	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
• •	e approved by the shareholders through voting groups. The following statement d 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	(voting group)	
	(voting group)	
■ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated <b>JU</b>	LY 10, 2010	
Signature	THE STATE OF THE S	
se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	<b>GUY ALEXANDRE FERNANDES</b>	
	(Typed or printed name of person signing)	<del>_</del>
	PRESIDENT	

(Title of person signing)