P04000119475

(Requestor's Name)	
Jux, Fr 32214	000252255580
(City/State/Zip/Phone #)	10/07/1301612 0 04 **35.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status Special Instructions to Filing Officer:	
	3
Office Use Only	Mero 10/17/13

check # 2068 attrohed.

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2013

ONALBER MIR-TOPPE 5008 RICHARD LN JACKSONVILLE, FL 32216

SUBJECT: CRISMAR STONE & CABINETRY DESIGN CENTER, INC.

Ref. Number: P04000119475

We have received your document for CRISMAR STONE & CABINETRY DESIGN CENTER, INC.. However, the document has not been filed and is being returned for the following:

The fee to file your document is \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown Regulatory Specialist II

Letter Number: 013A00022589

Articles of Amendment Articles of Incorporation

Crismar Stone & Cabinetry Design Center, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) P04000119475 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 (Florida street address) New Registered Office Address: _ Florida (City) (Zip Code) 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.

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 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 Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally St	<u>mith</u>		
Type of Action (Check One)	Title		Name	Address	
1) Change	SV		Alvaro A Fernandez	6606 Diane Rd	
X				Jacksonville,FL	
Remove				32277	
2) Change	SV		Idovel Cespedes Truj	4445 Putman Ave	
X		_		Jacksonville, FL	
Remove				32207	
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add		_			
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Articl Attach additional sheets, if necessary).	
	nge, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:
0% shares Onalber Mir-	
0% shares Alvaro A Ferr	nandez
0% shares Idovel Cespe	edes Trujillo

The date of each amendment(s) ac	109/12/2013	, if other than the
date this document was signed.	9/12/2013	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated09/	12/2013	
Signature	All of the second secon	
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Onalber Mir-Toppe	
	(Typed or printed name of person signing)	
•	President	
	(Title of person signing)	