PUSOCOBA

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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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R. WHITE
JUL 03 2018

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SPECIAL GRANI	TE INC	
DOCUMENT NUMB	P05000087360		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	JORGE E AGUILAR		
-		Name of Contact Person	1
-		Firm/ Company	
	4206 W. CAYUGA ST		
- -		Address	
-	TAMPA, FL 33614	City/ State and Zip Cod	
For further information	concerning this matter, pleas	sed for future annual report	notification)
JORGE E AGUILAR		at (<u>813</u>	4779697
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

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SPECIAL GRANITE INC

	Tark the second
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P05000087360	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicables (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new	
The state of the s	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
Hen Registered Office Auto ess.	(City) (Zip Code)
Ten registered types production.	
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signe	ature 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: XChange	<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>	<u>Name</u>		<u> </u>	<u>Addres</u> s	
1) Change	VP	SABIDO,	, DAIMA	4:	206 W. CAYUGA ST	
Add				т —	AMPA, FL 33614	_
X Remove				_		_
2) Change						
Add				_		_
Remove						_
3) Change	-					_
Add				_		
Remove				-		
4) Change		-				_
Add				_		_
Remove				_		_
5) Change						_
Add				_	<u></u>	
Remove						_
6) Change						
Add						
Remove				_		

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
 	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
,	
	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
6/26/2018	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	int(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	•
Dated 4/36/3018	
Signature A D L C C	
(By a director, president on officer - if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other (appointed fiduciary by that fiduciary)	court
Sorge E Asvila	در. د
(Typed or printed name of person signing)	
Prosident	
(Title of person signing)	