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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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12 JAN 12 AM II: 03
SECRETARY OF STATE
TALL AHASSEF FLORID

COVER LETTER

Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person CONTRACTORS, INC Firm/ Company For further information concerning this matter, please call: at (784) 251 - 7000

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **■\$**52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Street Address

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

Articles of Amendment to Articles of Incorporation of

FILED	; / #.
12 JAN 12 AMIL: DO	1,
ECRE AMILION	

DECO STONE CONTRACTOR	
(Name of Corporation as currently filed with the Florid	da Dept. of State) ALLAHASSTOF STATE
Po 5000 148377	
(Document Number of Corporation (if known	own)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the following 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," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	'. A professional corporation name must contain the
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 new registered agent and/or the new 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	<u></u>
(Florida street a	iddress)
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.
	<u> </u>
Signature of New Registered Agen	at, 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> <u>J</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>Addres</u> s
1) Change Add Remove	<u>_</u>	MARCELA A. MONTOYA	12973 SW 11257 SUITE # 103 MIANII, FL 33186
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

ach additio	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)
	
	
	
<u> </u>	
n amendme ovisions for	ent provides for an exchange, reclassification, or cancellation of issued shares, rimplementing the amendment if not contained in the amendment itself:
(if not app	plicable, indicate N/A)
-,-	
	•
	

he date of each amendment(s) ac	lontion: 01/01/20	12-
fective date <u>if applicable</u> :	01/01/20	
nective date in applicable.	(no more than 90) days after amendment file date)
option of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su		number of votes cast for the amendment(s)
		ugh voting groups. The following statement ote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were	sufficient for approval
by	(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
action was not required.		without shareholder action and shareholder out shareholder action and shareholder
Dated	ollidiz 1	
Signature	rector president or other office	er - if directors or officers have not been
		hands of a receiver, trustee, or other court
appoint	ed fiduciary by that fiduciary)	
	Ruby Mon (Typed or printed no	TEAGUT
	(Typed or printed na	ame of person signing)
	PRESIDE	5UT
	(Title of person s	sianina)