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| PICK-UP WAIT MAIL |
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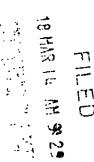
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February 20, 2018

SALVATORE SCIASCIA BELLA STONE CREATIONS, INC. PO BOX 10597 WEST PALM BEACH, FL 33419

SUBJECT: BELLA STONE CREATIONS, INC.

Ref. Number: P06000043096

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT YOU HAVE SUBMITTED IS REFERENCED SPECIFICALLY FOR FLORIDA PROFIT BENEFIT OR FLORIDA PROFIT SOCIAL PURPOSE CORPORATIONS.

PLEASE FILL OUT NAME AND DOCUMENT NUMBER ON PAGE 1 OF 4.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Susan Tallent Regulatory Specialist II

Letter Number: 918A00000580

COVER LETTER

| TO: Amendment Section Division of Corpora | | | |
|--|---|--|--|
| NAME OF CORPORA | TION: Bella Stone Creat | lons, Inc. | |
| DOCUMENT NUMBE | R: | | |
| | Amendment and fee are su | bmitted for filing. | |
| Please return all correspo | ondence concerning this ma | tter to the following: | |
| | Salvatore | Sciascia | |
| | Bella Stor | Name of Contact Person | |
| _4 | 3705 Shar | Firm/Company CS PL SUI | te 1 |
| _\ | Nest Palm B | Address Cach FL 3 City/ State and Zip Code | 3404 |
| · ——— | Frobella Q gA | MUI. COM cd for future somual report | |
| For further information c | occerning this matter, pleas | e call: | |
| Salvatore. | Sciagaia Contract Person | at (5U) | de & Daytime Telephone Number |
| Enclosed is a check for the | e following amount made | payable to the Florida Depa | |
| O \$35 Filling Fee San has thack | ☐\$43.75 Filing Fee & Certificate of Status | US43,75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amend Divisio P.O. Be | g Address ment Section a of Corporations ox 6327 usee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle ssee, PL 32301 |

Articles of Amendment to Articles of Incorporation

| of | • | | | | |
|--|--|--|--|--|--|
| Bella Stone C | reations, Inc. | | | | |
| (Name of Corporation as currently filed with the Florida Dept. of State) | | | | | |
| P06000043096 | | | | | |
| (Document Number of | Corporation (if known) | | | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: | | | | | |
| 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 "tword "chartered," "professional association," or the abbreviation "I | Co". A professional corporation name must contain the | | | | |
| B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>) | BELLA. STONE CREATIONS, INC | | | | |
| | 3705 Shares PL Suite 1 | | | | |
| | West Palm Brach, 72,33404 | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 3705 Shares Pl Rute 1 | | | | |
| | West Palm Beach | | | | |
| | PL 133404 | | | | |
| | , | | | | |
| D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address: | ess in Florids, enter the name of the | | | | |
| Name of New Registered Agent Solvatore Sc | | | | | |
| | | | | | |
| 3105 Shares | PL SUIK 1 | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| New Registered Office Address: West Palm B | Cach Plorida 33 10 L/ (City) Zip Code) | | | | |
| • | (Sip case) | | | | |
| | | | | | |
| New Registered Agent's Signature, if changing Registered Agent: | That I was the way to the | | | | |
| I hereby accept the appointment as registered agent. I am familtar with and accept the obligations of the position. | | | | | |
| | | | | | |
| 1 State | and the same of th | | | | |
| Signature of New R | egistered Agent, if changing | | | | |

Page 1 of 4

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9.2

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 | PI | John Doe | | |
|-------------------------------|--------------|--------------------|---|--|
| X Remove | <u>v</u> | Mike Jones | | |
| X Add | <u>\$V</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address | |
| l) Change | P | Raffacle Tropeano | 3705 Shaves Pl | |
| Add | | | Suite ! | |
| X Remove | | | West Palm Beach,FL33404 | |
| 2) X Change | PV | Salvatore Sciascia | 3705 Shaves PI | |
| Add | | | Suite 1 | |
| Remove | | | West Palm Beach,FL334(14 | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | · ———————————————————————————————————— | |
| Remove | | | | |
| 6) Change | | | <u> </u> | |
| Add | | | | |
| Remove | | | | |

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| If an amendment provides for an exch | nauge, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | nauge, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself: |
| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself: |
| provisions for implementing the ame | nauge, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself: |
| provisions for implementing the ame | nauge, reclassification, or cancellation of issued shares, and and in the amendment itself: |
| provisions for implementing the ame | nauge, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and an incident if not contained in the amendment itself: |
| provisions for implementing the ame | nauge, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself: |
| provisions for implementing the ame | nauge, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
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| provisions for implementing the ame | nauge, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself: |
| provisions for implementing the ame | name, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself: |

| The date of each amendment(s) adoption: | if other than the |
|--|-------------------------|
| date this document was signed. 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 date will document's effective date on the Department of State's records. | ll 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(s) by the shareholders was/were sufficient for approval. | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated | |
| Signature Signature | |
| (By a director, president or other officer – if directors or officers have not been | |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed ficuciary by that fiduciary) | |
| Salvatore Sciascia | |
| (Typed or printed name of person signing) | |
| νρ | |
| (Title of person signing) | |