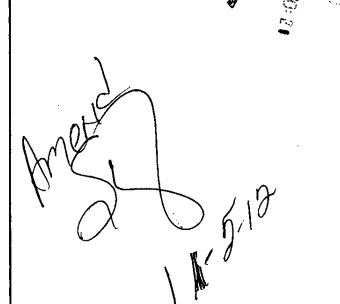
	(Requestor's Name)	
(Address)		
	(Address)	
	(City/State/Zip/Phone #/)
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
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	<u>.</u>	Status

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: American Stone Installers Cup
DOCUMENT NUMBER: P0700007302
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 American Stone Installars Corp Firm/ Company 15684 Summet Place Cycle Address Naples FL 34119 City/ State and Zip Code TMAZZOCCA & Embraca mul. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tony MAZZOCCA at (239) 633 - 3515 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

COVER LETTER

TO: Amendment Section Division of Corporations

	The tilles Colle
NAME OF CORPORATION: American	Stone Installers Curp
DOCUMENT NUMBER: PO 10000	0-1302
The enclosed Articles of Amendment and fee are submi	itted for filing.
Please return all correspondence concerning this matter	to the following:
American 15684 Jun Naples	Address City/ State and Zip Code
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please co	all:
Jany MAZZOCCA Name of Contact Person	at (<u>339</u>) <u>633 - 3515</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$62.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address 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 Articles of Incorporation

Articles of American to Articles of Incorporation as currently filed with the Flor	poration and the contraction	Plany Money
(Document Number of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	<i>rida Profit Corporation</i> adopt	s the following amendment(s) to
A. If amending name, enter the new name of the corporation:	• .	
-		The new
Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co ord "chartered," "professional association," or the abbreviation "P.A. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.		n name must contain the
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 na me o	of the
Name of New Registered Agent	<u> </u>	•
(Florida street	address)	
New Registered Office Address:	, Florida	
(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		

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:	е, ини зи	ny Smiin, Sv us un Auu.		
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>	<u>Name</u>		<u>Addres</u> s
I) Change		Alberto	VAZQUE	22
X Add			•	3385 29 AVE NE
Remove				Naples FL 34120
2) Change	<u></u>	 		
Add				
Remove				
3) Change			, ,	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add	٠			
Remove		·		
6) Change				
Add				
Remove				

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
	<u> </u>
An An	
	· ,
an amendment provides for an exchrovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption	on: 10-30-12
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	e amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted laction was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	30 - 2012
(By a directo	r, president or other officer - if directors or officers have not been
	an incorporator – if in the hands of a receiver, trustee, or other court
• •	duciary by that fiduciary)
1	ony Hazzocca (typed or printed name of person signing) resident
	(Nyped or printed name of person signing)
$\underline{\underline{Q}}$	resident
	(Title of person signing)