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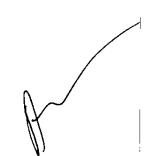
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	MJR M	MRBLE	Z	GRANITE INC.			
DOCUMENT NUMBER:	Po	7 00 000 0	861	<u>' (                                     </u>			
The enclosed Articles of Amendme	ent and fee are su	ibmitted for fi	ling.				
Please return all correspondence co	oncerning this ma	tter to the foll	lowin	ng:			
KA	Эт A — 11	BARGOL	.CT	<i>N</i> .			
<del></del>				act Person			
м	YR MA	RBLE	R	GRANITE, INC.			
•	<del>)</del>	Firm/	Com	mpany			
	960 H	MRBOR		LAKE CT.			
		۸	ddres	ess			
	SMFETY	MAR	80	DR, FL 34695			
SAFETY HARBOR, FL 34695 City/ State and Zip Code							
KA	TIA IBA	RGOLL	IN	WAHOO.COM			
E-mail	address: (to be u	sed for future	annu	ual report notification)			
For further information concerning	this matter, plea	se cali:					
KATIA IBARGO	CLIN	ai	1 (	813 562 - 6149 Area Code & Daytime Telephone Number			
Name of Contact Pe	erson			Area Code & Daytime Telephone Number			
Enclosed is a check for the followi							
	75 Filing Fee & ficate of Status	□\$43.75 F Certified (Addition enclosed	l Cop nal co	y Certificate of Status			
Mailing Address				Street Address			
Amendment Sec	tion			Amendment Section			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

	Corporation as co			Part of State)		
( <u>Name or</u>			with the Linitia	(Dept. of State)		
	(Document Nu		oration (if known)	)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statute	s, this <i>Florid</i>	ı Profit Corporat	tion adopts the fol	llowing amend	lment(s)
A. If amending name, enter the new name	ne of the corporati	<u>юл:</u>				
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional association	tion "Corp," "Inc,	" or "Co".				tion
B. Enter new principal office address, if (Principal office address <u>MUST BE A ST</u>					<del>,</del>	<del></del>
C. Enter new mailing address, if applies (Mailing address MAY BE A POST O	FFICE BOX) /or registered offic		Florida, enter ti	ie name of the		- -
Name of New Registered Agent	KATIA		OLLIN			
New Registered Office Address:	(Flo	rida street add	OR LAKE ress) OR	Florida	3469S (Zip Code)	<del>-</del>
New Registered Agent's Signature, if children accept the appointment as register	red agent. I am fai	miliar with an	d accept the oblig	ging G	2010 JAN 20	FED

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	PT Jo	<u>hn Doe</u>		
X Remove	<u>v</u> <u>m</u>	ike Jones		
X Add	<u>SV</u> <u>Sa</u>	dly Smith		
Type of Action (Check One)	Title	Name		Address
1) X Change	<u> </u>	KATIA /	BA RGOLLIN	960 HARBOR LAKE CT.
Add				SAFETY HARBOR, FL 34695
Remove				
2)Change	<u></u>	YOISEL /	ANDINO MARTINE	Z 960 HARBOR LAKE CT.
_ <b>X</b> _Add				MFETY HARBOR, FL 34691
Remove				
3)Change		MARIUSZ	JANICKI	343 S HCHULLEN BOOTH RD
Add Remove				# 151 CLEARWATER FL 33759
4) Change				·
Add				
Remove				
5)Change		·		
Add				<del></del>
Remove				
6) Change				
Add				
Remove				

	ding additional Arti heets, if necessary).	(Be specific)	LIST HELE.			
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rovisions for im	provides for an exch plementing the ame	ange, reclassificand ment if not cor	ition, or cancell stained in the ar	a <u>tion of issued si</u> nendment itself:	nares,	
	ible, indicate N/A)				•	
N/A	· .					
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The date of each amendment(s) adoption: 1/25/2018	, if other than the
date this document was signed.	
Effective date if applicable: 1/25 /2018	
The date of each amendment(s) adoption:    1/25/20/4    Effective date if applicable:	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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 //////////	<u></u>
(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 fiduciary by that fiduciary)	
/ MARIUSZ JANICKÍ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	