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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION: HARRIS CL	ISTOM MARBLE AND G	RANTITE INC.
DOCUMENT NU	MBER:	P08000028660.	
The enclosed Artic	cles of Amendment and fee are	submitted for filing.	! !
Please return all co	orrespondence concerning this i	matter to the following:	•
	MICHAI	EL CRISTANTELLO	1
	. Nam	ne of Contact Person	, 1
	MICHAEL CRISTA	ANTELLO TILE/MARBLE INC	1
•		Firm/ Company	
•	:	·	; ;
	388 \$	SHARWOOD DR	, !
		Address	
-			
	NAF	PLES,FL. 34110	·
**.	City	/ State and Zip Code	
<u> </u>	MICHAEL@MARBLECREAT E-mail address: (to be used f	TIONSBYMICHAELANGELO or future annual report notification)	.СОМ
For further inform	ation concerning this matter, pl	ease call·	· · · · · · · · · · · · · · · · · · ·
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	NEL CRISTANTELLO	** \	95-6563
Name	of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a chec	k for the following amount mad	de payable to the Florida Depart	ment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A Amendment Division of		Street Address Amendment Section Division of Corporations	
P.O. Box 6	•	Clifton Building	* · · ·
Tallahasse	e, FL 32314	2661 Executive Center Circl Tallahassee, FL 32301	e; ·
		rananassee, PL JAJU I	

Articles of Amendment. Articles of Incorporation

MICHAEL CRISTANTELLO TILE/MARBLE INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000028660

(Document Number of Corporation (if known)

me must be distinguishable and contain the word "corporation," "company," or "incorporated" or breviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corpora me must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) NAPLES, FL.,34110 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or 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: ERIC HARRIS 388 SHARWOOD DR. New Registered Office Address: (Florida street address) NAPLES, FL. Florida 34110 (City) (Zip Code)	. If amending name, enter the new nam	,	1	
breviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpora me must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Fincipal office address MUST BE A STREET ADDRESS NAPLES, FL. 34110 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or 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: New Registered Office Address: Name of New Registered Agent: (Florida street address) NAPLES, FL. (City) (Zip Code) EN Registered Agent's Signature, if changing Registered Agent:				The 1
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NAPLES, FL., Florida 34110 (City) (Zip Code) w Registered Agent's Signature, if changing Registered Agent:	•	388 SHARW	OOD DR.	
(City) (Zip Code) w Registered Agent's Signature, if changing Registered Agent:				
w Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:	·· (Flor	ida street address)	
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	New Registered Office Address:	NAPLES, FL	. , Florida 34	110
		NAPLES, FL (City)	, Florida 34 (Zip Code)	

Page 1 of 3

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Title Name Address **Type of Action PRES** MICHAEL CRISTANTELLO . 🛛 Add 388 SHARWOOD DR ☐ Remove NAPLES.FL.34110 ERIC HARRIS ✓ Add 388 SHARWOOD DR ☐ Remove NAPLES FL 34110 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment		1
•	(date of adoption is required	<i>t</i>)
Effective date <u>if applicable</u> :	· · · · · · · · · · · · · · · · · · ·	
	(no more than 90 days after amendment file da	ite) . ·
Adoption of Amendment(s)	(CHECK ONE)	•
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The amendment(e) washye	re adopted by the board of directors without shar	reholder action and shareholder
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action was not required.	•	F.
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✓ The amendment(s) was/we action was not required.	re adopted by the incorporators without sharehol	lder action and shareholder
Dated 6/14	/2010	
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Signature	1 morning	
	a director, president or other officer - if director	
	ected, by an incorporator – if in the hands of a re-	ceiver, trustee, or other court
app	ointed fiduciary by that fiduciary)	
	MICHAEL CRISTANTELI	LO
	(Typed or printed name of person s	· · · · · · · · · · · · · · · · · · ·
•	(13 ped of printed finite of person 2	(d'a)
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	PRESIDENT	· · · · · · · · · · · · · · · · · · ·
•	(Title of person signing)	•