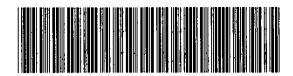
# P080000 34049

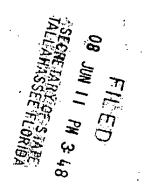
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#### **COVER LETTER**

, TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Natural Stone Motif, Inc. Y080000 34049 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KAREN CRAIG
(Name of Contact Person) Natural Stone Motif, Inc. 309 Altamonte Commerce Pkwy Ste. 1540
(Address) Altamonte Springs, FL. 32714 For further information concerning this matter, please call: at (407) 6870035

(Area Code & Daytime Telephone Number) KAREN CRAIG Enclosed is a check for the following amount: \$35 Filing Fee □ \$52.50 Filing Fee \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

### **Articles of Amendment**

to
Articles of Incorporation

of

Natural Stone Motif, Inc

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

## P08000034049

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

#### **NEW CORPORATE NAME (if changing):**

	orporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  n must contain the word "chartered", "professional association," or the abbreviation "P.A.")
	OPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)
and/or Article Title(s)	being amended, added or deleted: (BE SPECIFIC)
Add Off	icer - Omaldy Gonzalez, Vice-Preside
	ncer - Omaldy Gonzalez, Vice-Preside - 49% shares
Change	e Officer - Kaven Craig President to 51% shares
<del></del>	to 51% shares
	(Attach additional pages if necessary)
	ides for exchange, reclassification, or cancellation of issued shares, provisions amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption:
Effective date if applicable:
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
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 fiduciary by that fiduciary)
KAREN E. CRAIG
(Typed or printed name of person signing)
<i>President</i>
(Title of person signing)

FILING FEE: \$35

