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## COR AMND/RESTATE/CORRECT OR O/D RESIGN J M MARBLE AND GRANITE INSTALLATION CORP

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Help

Tallahassee, FL 32301

| TO: Amendment Sec<br>Division of Corp |   |  |  |
|---------------------------------------|---|--|--|
| NAME OF CORPO                         | RATION: SJM MARBLE  | and <b>gran</b> ite install                                      | ATION CORP   |
| DOCUMENT NUM                          | POSOOO 102177   |  |  |
|                                       |   | 4 5 4 6 60   | ***************************************  |
| The enclosed Articles                 | s of Amendment and fee are su   | iomitted for filing.   |  |
| Please return all corre               | espondence concerning this ma   | tter to the following:   |  |
|                                       | JAIR CORDEIRO   |  |  |
|                                       |   | Name of Contact Perso  | n  |
|                                       | S J M MARBLE AND GRA  | NITE INSTALLATION C  | ORP  |
|                                       |   | Firm/ Company  |  |
|                                       | 12431 TREE POINTE CT.   |  |  |
|                                       |   | Address  |  |
|                                       | RIVERVIEW, FL 33578   |  |  |
|                                       |   | City/ State and Zip Cod  | le `   |
| RD.                                   | ASILVA@LIBERTYTAX.CO  | M  |  |
|                                       | E-mail address: (to be us   | sed for future annual report                                     | notification)  |
| For further information               | on concerning this matter, pleas  | se call:   |  |
| JAIR CORDEIRO                         |   | at ( 813   | 239-7780<br>de & Daytime Telephone Number  |
| Name of Contact Person                |   | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for               | or the following amount made ;  | payable to the Florida Depa                                      | artment of State:  |
| S35 Filing Fee                        | ☐\$43.75 Filing Fee & Certificate of Status   | S43,75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|                                       | Malting Address Street Address  |  |  |
|                                       | Amendment Section Amendment Section Division of Corporations Division of Corporations |  |  |
|                                       | Box 6327  |  | Building   |
| · Tall                                | lahassee, FL 32314  |  | xecutive Center Circle   |

## Articles of Amendment to Articles of Incorporation

|   | ORP   |   |
|---|---|---|
| (Name of Corporation  | as currently filed with the Florida Dept. of              | State)  |
| P08000103177  |   |   |
| (Documen  | at Number of Corporation (if known)                       |   |
| Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:   | tatutes, this Florida Profit Corporation adopt            | s the following amendment(s) to                 |
| A. If amending name, enter the new name of the corp   | oration:  |   |
|   |   | The new   |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab- | "Inc," or "Co". A professional corporation                | d" or the abbreviation<br>name must contain the |
| B. Enter new principal office address, if applicable;   | •   | · · · ·   |
| (Principal office address MUST BE A STREET ADDRI  | ESS)  | cn cn   |
| •   |   |   |
|   |   |   |
| C. Enter new mailing address, if applicable;  |   | Sign Wo   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |   |
|   |   | <u> </u>  |
|   |   | - <del> </del>                                  |
|   |   | <u> </u>  |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered off  | office address in Florida, enter the name of ice address: | <u>íthe</u>                                     |
| Name of New Registered Agent  |   |   |
| ·   |   |   |
|   |   |   |
|   | (Florida street address)                                  | **************************************          |
| New Registered Office Address:  | (Florida street oddress)                                  | rida  |

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, Salty Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Salty Smith, SV as an Add.

| X Change                      | PT           | John Doe      |                                       |
|-------------------------------|--------------|---------------|---------------------------------------|
| X Remove                      | <u>v</u>     | Mike Jones    |                                       |
| X Add                         | <u>sv</u>    | Sally Smith   |                                       |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>   | <u>Addres</u> s                       |
| 1) Change                     | VP           | MARCIA FARIAS | 12431 TREE POINTE CT                  |
| X Add                         |              |               | RIVERVIEW, FL 33578                   |
| Remove                        |              |               |                                       |
| 2)Change                      |              | <del></del>   | ·                                     |
| Ađđ                           |              |               |                                       |
| Remove                        | •            |               |                                       |
| 3)Change                      |              |               |                                       |
| Add                           |              |               | · · · · · · · · · · · · · · · · · · · |
| Remove                        |              |               |                                       |
| 4) Change                     |              |               |                                       |
| Add                           |              |               |                                       |
| Remove                        |              |               |                                       |
| 5) Change                     |              |               |                                       |
| Add                           |              |               |                                       |
| Remove                        |              |               |                                       |
| 6) Change                     |              |               |                                       |
| Add                           |              |               |                                       |
| Remove                        |              |               | AMERICA ALL                           |

| . If amending or addin<br>(Attach additional shee                 | <u>e additional Articles, enter c</u><br>els, if necessary). (Be specifi        | change(s) bere:                                    |   |                       |
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|   |   |  | ***                                       | -· · · <del>-</del> · |
| If an amendment pro<br>provisions for imple<br>(if not applicable | vides for an exchange, reclar<br>menting the amendment if n<br>n, indicate N/A) | ssification, or cancella<br>of contained in the am | ntion of issued share<br>rendment itself: | <b>.</b>              |
|   |   |  | ······································    |                       |
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| 9/21/Z019 1/:10 01900  |  |                   |
|--|--|-------------------|
| The date of each amendment(s) ad   | uption:  | if other than the |
| date this document was signed.   |  |                   |
| Effective date Mapplicable:  | (hv more than 90 days after amendment file do  | (6)               |
| Note: If the date interted in this be<br>document's effective date on the De | ock does not meet the applicable statutory filing requireme  |                   |
| Adaption of Amendment(s)   | (CHECK ONE)  |                   |
| The amendment(s) wer/was six<br>by the thereholders wes/were su              | pted by the shoreholders. The cumber of votes cast for the ar<br>Releast for approval.   | mendment(s)       |
|  | roved by the skareholders through voting groups. The follow<br>each voting group suitited to vote reparately on the amendm           |                   |
| "The number of votes cast  | on the amendment(s) was/wore sufficient for approval   | ·                 |
| by '   | (voting group)   |                   |
|  | (voring group)   | •                 |
| The mumitment(s) was/were add action was not required.                       | pted by the board of directors without shareholder action and  | shareholder       |
| The amendment(s) was/were add aution was not required.                       | pted by the incorporators without shareholder action and shar  | sholder           |
| DatedX   | 9122/15  | •                 |
| Signanus   | Dug  |                   |
| (ይን/ሰላ)  | peror, president or other officer – if directors or officers have<br>bused incorporator – if in the hands of a receiver, trester, or | t not bean        |
|  | , much memperator – It in the names of a receiver, tresme, or<br>ad fiduciary by their Schuciary)                                    | Orindi com I      |
| ••   | JAIR CORDEIRO  |                   |
|  | (Typed or printed name of person signing)  |                   |
|  | PRESIDENT  | •                 |
|  | (Title of petten signing)  |                   |