P08000103784

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	GRANITE & MARBLE INNOVATIONS INC
DOCUMENT NU	UMBER:	P08000103784
The enclosed Artic	cles of Amendmen	and fee are submitted for filing.
Please return all co	orrespondence con	cerning this matter to the following:
	<u></u>	DAVID STRONG Name of Contact Person
	O	JALITY FINANCIAL SERVICES INC
	<u> </u>	Firm/ Company
209 DUNLAWTON AVE SUITE 14		
	•	Address
	PORT ORANGE FL 32127 City/ State and Zip Code	
**************************************	E-mail addres	david.qfsinc@gmail.com s: (to be used for future annual report notification)
For further informa	ation concerning th	is matter, please call:
	AVID STRONG of Contact Person	at (<u>386</u>) <u>761-7855</u> Area Code & Daytime Telephone Number
	_	amount made payable to the Florida Department of State:
✓ \$35 Filing Fee	\$43.75 Filing F Certificate of S	
Mailing Ac Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327 •	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	FILE
ADM NO	ED
TALLATERS	V 22 AM 9: 18 SEE, FL SAISA
State)	EE, E. S. Sans
	CONISA DE

GRANITE & MARBLE INNOVATIONS INC

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

P08000103784

(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:

name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Ir	nc," or "Co". A professional corpo
3. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
new registered agent and/or the new regis		in Florida, enter the name of the
Name of New Registered Agent:	tered office address:	

<u>`itle</u>	Name	Address	Type of Action
TRES	TONIA TRACY	2622 LIME TREE DRIVE EDGEWATER FL 32141	□ Add ☑ Remove
RES_	DALE FRANZ JR	2372 PIONEER TRAIL NEW SMYRNA BEACH FL 32168	
·			
provisio	ons for implementing the amendment of applicable, indicate N/A)	e, reclassification, or cancellation of ent if not contained in the amendmen	t itself:
)	lunya Tracey 15 giving	her 10 shares back to	Cranite & M.
Tuna	Comi can purchase o	moved of tresurer. T	This being

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

The date of each amendmen	t(s) adoption:
•	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemen ed 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_11-1	5-2010
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Tonya Tracy (Typed or printed name of person signing)
	Tresurer (Title of person signing)