P0900003/050

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GRANITE SOLU	TIONS, INC
DOCUMENT NUMBER: P09000031050	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
<u>FRANCISCO ALBARRAN</u> N	ame of Contact Person
	Firm/ Company
1011 THOMAS AVE	
	Address
<u>LEESBURG, FL 34748</u> Ci	ty/ State and Zip Code
GRANITESOLUTIONSINC@YA E-mail address: (to be u	HOO.COM sed for future annual report notification)
For further information concerning this matter, plea	se call:
FRANCISCO ALBARRAN Name of Contact Person	at (352) 728-4400 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
☑ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation** of



GRANITE SOLUTIONS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P09000031050 (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: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE D. 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: (Florida street address) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)		Name		Address		
1) <u>P</u>		FRANCISCO ALBARRA	AN	1011 THOMAS A LEESBURG, FL		
2) <u>VP</u>		MARCELINO PEREA		1011 THOMAS A LEESBURG, FL	AVE 34748	
3) <u>D</u>		JOSE PEREA		1011 THOMAS A LEESBURG, FL	AVE 34748	
4)			<u>.</u>			
5)					- 	
6)				• • •		
If REMOVIN	iG an office	er and/or director, please l	ist the title(s) a			
Title(s)	<u>Name</u>		<u>Title(</u>) <u>Name</u>		
2)			5)		·	· · · · · · · · · · · · · · · · · · ·
3)		· .	6)	_ · ·		

E. If amending or adding additional Art (attach additional sheets, if necessary).	cles, enter change (Be specific)	<u>(s) here</u> :		
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