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2018 NOV 20 PH 3: 16 SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:	JMP MARBLE &	& GRANI	ITE, INC	
	OCUMENT NUMBER: P100000017888				
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.			
Please return all corresp	ondence concerning this ma	atter to the following	ng:		
		JAIME MON	TALVAN	į.	
_		Name of Cont	act Persor	1	
	J	MP MARBLE &	GRANIT	E. INC.	
_		Firm/ Cor	npany		
1611 SEACREST BLVD.				Э.	
Address					
BOYNTON BEACH, FL 33435			33435		
City/ State and Zip Code				e	
	E-mail address: (to be u concerning this matter, plea MONTALVAN		561	577-5269	
Name of Contact Person		at (Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Flo	rida Depa	artment of State:	
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Co (Additional c enclosed)	py	☐\$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			Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

IMP MARRIE & GRANITE INC. 2018 NOV 20 5

	JMP MARBLE & GRANITE, INC	2010 MUY ZU PM 3: 18
(Name of Cor	poration as currently filed with the Fl	lorida Dept. of State)
	poration as currently filed with the Fl P100000017888	TALLAHASSEF, FI
(1	Document Number of Corporation (if ki	nown)
Pursuant to the provisions of section 607,1006, I its Articles of Incorporation:	Florida Statutes, this Florida Profit Cor	rporation adopts the following amendment(s
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," ("Corp." "Inc," or "Co". A professio	
B. 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 <u>MAY BE A POST OFFIC</u>		
D. If amending the registered agent and/or renew registered agent and/or the new regis		iter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
	(Florida street address) (City)	
hereby accept the appointment as registered a		e obligations of the position.
	Signature of New Registered Agent, if	f changing

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

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	CARLOS ALBERTO BOFILL	4098 SANDRA LN
X Add			PALM SPRINGS, FL 33406
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	
	
nrovisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

	NOVEMBER 19, 2018	
The date of each amendment(s) adoption: date this document was signed.		, if other than the
	NOVEMBER 19, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
■ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the ame or approval.	ndment(s)
	the shareholders through voting groups. The following ing group entitled to vote separately on the amendmen	
	nendment(s) was/were sufficient for approval	
by	(voting group)	
	voting group)	
☐ The amendment(s) was/were adopted by t action was not required.	the board of directors without shareholder action and sh	nareholder
The amendment(s) was/were adopted by t action was not required.	the incorporators without shareholder action and shareh	older
	SER 19, 2018	
Dated	1	
Signature //	resident or other officer – if directors or officers have r	
selected, by an i	ncorporator - if in the hands of a receiver, trustee, or o	
appointed fiduci	iary by that fiduciary)	
	JAIME MONTALVAN	
/ —	(Typed or printed name of person signing)	
/	PRESIDENT	
	(Title of person signing)	