P10000035735

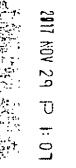
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T. LEMIEUX



COVER LETTER

TO: Amendment Sec Division of Cor			•		
NAME OF CORPO	PRATION: SUNSHINE MAR	BLE & TILE CORP			
DOCUMENT NUM	IBER: P0000025735				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	SUNSHINE MARBLE & TI	LE CORP			
		Name of Contact Person	1		
	ANTONIO ROSA				
	Firm/ Company				
	525 W 40 PLACE				
		Address			
	HIALEAH, FL 33012				
		City/ State and Zip Code			
anto	oniolrosa1962@yahoo.com				
		sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
ANTONIO ROSA		786 at (346-0079		
Namo	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:		
■ \$35 Filing Fcc	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fiting 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		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of

SUNSHINE MARBLE & TILE CORP

CONSTITUTE CONT
(Name of Corporation as currently filed with the Florida Dept. of State)
P0000025735
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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 <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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 Office Address:, Florida,
(City) (Zip Coxle)
•
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, 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 Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	V	ALEXI ROSA	6035 NW 110 STREET	
X Add			HIALEAH, FL 33012	
Remove				
2) Change				
Add				
Remove				
3) Change	 			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
,	
<u> </u>	
	
lf an amendment provides for an exch	range, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amer</u> (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(i) not applicame, maicale NA)	
	
	

•	11/11/2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	1/11/2017	
Effective date if applicable:		
	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requi Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for t sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were a must be separately provided.	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	ollowing statement endment(s):
	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and	shareholder
11/11/20 Dated	117	
Signature		
selec	director, president or other officer – if directors or officers ted, by an incorporator – if in the hands of a receiver, truste	s have not been ee, or other court
appo	inted fiductary by that fiduciary)	
	ANTONIO ROSA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	