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C. LEWIS
Feb. 3 2014
EXAMINER

COVER LETTER &

Division of Corporations
NAME OF CORPORATION: PARAISO Marble and GRANITE, INDOCUMENT NUMBER: P100 000 41459
DOCUMENT NUMBER: P 100 000 41459
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TVAN M. PONCE Name of Contact Person Paraise Marble and Granute In.
Name of Contact Person
Yarrisa Marble and Copanite Lik.
1834 52 57. 5. W.
Address Naples, FLORIDA 34116 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANTON TO JG 25CH at (239) 692-4860 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

TO: Amendment Section

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

14 JAN 29 PH 1:35

Articles of Amendment

Articles of Incorporation 100000 41459 (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: 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: (Muiling 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: Nume of New Registered Agent (Florida street address) New Registered Office Address: Florida (Zip Code) 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 Do	<u>oe</u>	,			
X Remove	$\underline{\mathbf{v}}$	Mike Jones					
X Add	<u>SV</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address			
1) Change				A			
Add							
Remove							
2) Change							
Add							
Remove							
3) Change		···					
Add							
Remove							
4) Change							
Add							
Remove							
5) Change		_					
Add							
Remove							
 1							
6) Change		_					
Add							
Remove							

ach additional sheets, if necessary).	(Be specific)		
			
	1000		
amendment provides for an excha			
visions for implementing the amen (if not applicable, indicate N/A)	ament il not containea in t	ne amendment itself	<u>:</u>

APPROVED AMD FLEED

the

	الأحايا
The date of each amendment(s) adoption: 01/21/2014	14 JAN 29 PHother Isa
Effective date if applicable: 0(/2/ 12014	SECRETARY OF SOME TALLYHAUSIE, OLOMA
(no more than 90 days after amendment file da	nte)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	ving statement nent(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	reholder
Dated * 01 21/2014	
Signature (By a director, president or other officer – if directors or officers hav	
selected, by an incorporator - if in the hands of a receiver, trustee, or	
appointed fiduciary by that fiduciary)	
TVAW PONCE (Typed or printed name of person signing)	
Title of person signing)	