P10000062974

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COVER LETTER

TO: Amendment Section Division of Corporations
Λ
NAME OF CORPORATION: Amz lite Wood & Marble inc
DOCUMENT NUMBER: P10000062974
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ailton De Souza
Name of Contact Person
Firm/ Company
Po Box 6/6945
Orlando FL 3286
City/ State and Zip Code
nitinho33@hotmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
D: 1tm D: Source 1100 1100
Name of Contact Person 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 Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$252.50 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

Audistra 45 A	JA
Articles of A	menament
Articles of Inc	corporation
of	
HM2 lile	Wood & Marble inc
(Name of Corporation as current)	y filed with the Florida Dept. of State
7 100000619	<u> 14 </u>
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	V/A not applicable he new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	n," 'company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
. ,	AllA astandialis
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10/11/10/appliable
(Frincipal Office address MUST BE A STREET ADDRESS)	
	्रा स्ट्रांट कर्ष इस्त्रा अस्त्रा स्ट्रांट
C. Enter new mailing address, if applicable:	DA B-111045-1
(Mailing address MAY BE A POST OFFICE BOX)	P.U. DOX GIONNE O
	Orlando K1 32861=
	7
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u> </u>
Name of New Registered Agent	10 //+
(Florida str	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	
Girman Call 5	
Signature of New K	egistered Agent, if changing

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	PT John De	<u>oe</u>	
X Remove	V Mike Je	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	ambr	Mailoha Ortiz	13693 golden russet dr winter garden
Add Remove			dr winter garden 34787
2) Change	omby	leandro Santos Diolindo	13693 golden russet de
Add Remove	7	Ailton De Souza	Winter gorden FL 34787 Po Box 616945
Add			Orlando, PC 32861
4) Change Add			
Remove			
5) Change			
Add			
6) Change			
Add			
Remove			

tach`additional sheets, if nec	onal Articles, enter chessary). (Be specific	:)		
, <i>y</i> ,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		
	<u></u>		· · · · · · · · · · · · · · · · · · ·	
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n amendment provides for	an exchange, reclass	ification, or cance	llation of issued sh	ares,
ovisions for implementing	the amendment if not	t contained in the	amendment itself:	
(if not applicable, indicate	: IN/A)			
				•

The date of each amendment(s) adoption:	5/1	116		, if other than the
date this document was signed.	1 1	•		
Effective date if applicable:	5111	16		
•	(no more than S	90 days after am	endment file date)	
Note: If the date inserted in this block do document's effective date on the Departmen		cable statutory	filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted by by the shareholders was/were sufficient to		e number of vot	es cast for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each vo	y the shareholders thr ting group entitled to	ough voting grovote separately	oups. The following statement on the amendment(s):	i t
"The number of votes cast for the a	• •		approval	
by	(voting group)			
	(voting group)			
☐ The amendment(s) was/were adopted by action was not required.	the board of directors	s without shareh	older action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators with	hout shareholde	r action and shareholder	
Dated5	13/16			
Signature	AMIDS		Well al	
			s or officers have not been eiver, trustee, or other court	
appointed fiduc	ciary by that fiduciary)	erver, trustee, or other court	
	Jilton I	De So	wz /	
	(Typed or printed	name of person	signing)	
	AND			
-	(Title	of person signir	ng)	