# P10000082712

(Re	questor's Name)	
(Ad-	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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Amend Neurs 11-24-10

## **COVER LETTER**

TO: Amendment Section

Division of Corpo	orations			
NAME OF CORPOR	RATION: Grain	nite 80	abinets	Deargn by Giz
	BER: 71000			
The enclosed Articles	of Amendment and fee a	re submitted for	filing.	
Please return all corres	spondence concerning thi	s matter to the fo	ollowing:	
	C)is	KIA Pame of Contact Pers	O   CIV	<del></del>
		Firm/ Company		
	2759 Ki	Address	Place	<del></del>
	Sarasota	ty/ State and Zip Co	3423C	<u> </u>
9	E-mail address: (to be used	- 9m C11 I for future annual re	i. Com	<u>.</u>
For further information	n concerning this matter,	please call:		
Gisela	Polar Contact Person	at (941	<u> 302 a</u>	2446
Enclosed is a check for	r the following amount m	ade payable to the	le Florida Departm	ent of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filit Certified C (Additional	_	3.\$52-50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre	ess	Street Add	ress	
Amendment Se	ection	Amendment		
Division of Con	rporations		Corporations	
P.O. Box 6327	22214	Clifton Buil	_	
Tallahassee, FL	. 32314	Zool Execu	tive Center Circle	

Tallahassee, FL 32301



October 20, 2010

44.1.15

GISELA POLAR 2759 KILGORE PLACE SARASOTA, FL 34235

SUBJECT: GRANITE & CABINETS DESIGN BY GISELA INC

Ref. Number: P10000082712

We have received your document for GRANITE & CABINETS DESIGN BY GISELA INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the title(s) of each officer in your document.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Letter Number: 010A00024854

Teresa Brown Regulatory Specialist II

www.sunbiz.org



### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2010

GISELA POLAR 2759 KILGORE PLACE SARASOTA, FL 34235

SUBJECT: GRANITE & CABINETS DESIGN BY GISELA INC

Ref. Number: P10000082712

We have received your document for GRANITE & CABINETS DESIGN BY GISELA INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please list the title(s) of each officer in your document.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 610A00025987



# **Articles of Amendment**

to

# **Articles of Incorporation**

	of			
Granite & Cubin	ets Design	1 by Gisa	ela In	$\subset$
(Name of Corporation as current	ly filed with the Florid	a Dept. of State)	<del></del>	
7 10000	082712			
	er of Corporation (if kno	wn)		
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corpor	vation adopts the	following
A. If amending name, enter the new name of the	ne corporation:			
			The	new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the de name must contain the word "chartered," "profes	esignation "Corp," "Inc	c," or "Co". A profe	essional corpora	
B. Enter new principal office address, if application	able:			
(Principal office address <u>MUST BE A STREET</u> A			7 SE 22	
				THE PERSON NAMED IN
				The second secon
			留不	កា
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			5
(				
			_플로_법	
D. If amending the registered agent and/or reginew registered agent and/or the new register		n Florida, enter the i	name of the	
new registered agent and/or the new register	red office address:			
Name of New Registered Agent:	<del></del>			
New Registered Office Address:	(Florida street a	ddress)		
		, Flori	ida	
_	(City)	(Zip Code)		
New Registered Agent's Signature, if changing l	Registered Agent			
hereby accept the appointment as registered ager	nt. I am familiar with a	nd accept the obligati	ions of the posit	ion.
Sign	ature of New Registered	Agent, if changing	<del>_</del>	
· ·	-			

(Attach paditi	onal sheets, if necessary)		
Title  O'  O'  O'  O'  O'  O'  O'  O'  O'  O	Name Nelson Santamana	Address 2759 Kilgore71 Sarassta-FC	Type of Actio Add Remove
· .	12 27 First 1 18	3C	Add Remove
O Director	Carlos Santamana	2759 Kilgore Pl Sarasota - FC	Add Remove
	ng or adding additional Articles, enter citional sheets, if necessary). (Be specific		
provisions	ndment provides for an exchange, reclass for implementing the amendment if no applicable, indicate N/A)		

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:

The date of each amendment(s) adoption: Same as Filling date # 10/08/10  Effective date if applicable: SAME AS FIUNG DATE (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(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 shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 10 /15 /10
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Gizela Polar
(Typed or printed name of person signing)
President
(Title of person signing)