P10000098506

(Re	questor's Name)	
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SECRUTARY DA STATE
TALLAMASSES AND A

NOV = 8 2013 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ARTISAN M	IARBLE AND TIL	E DESIGN, INC.
DOCUMENT NUMBER: P10000098500	6	-
The enclosed Articles of Amendment and fee are sub-		
Please return all correspondence concerning this matt	ter to the following:	
LUIS GORDILLO		
	Name of Contact Person	
ARTISAN MARBL		SIGN
8205 N TAMPA S	Firm/ Company	
	Address	11.111 1.1211 1.211 2.211 1.212
TAMPA, FL 33604	4	
	City/ State and Zip Code	
IDEALSTONE@VER	IZON NET	
	ed for future annual report r	otification)
For further information concerning this matter, please	e call:	
LUIS GORDILLO	_{at (} 813	458-2881
Name of Contact Person	Area Cod	e & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depar	tment of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing 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	Divisior Clifton I 2661 Ex	address nent Section n of Corporations Building secutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation



ARTISAN MARBLE AND TILE DESIGN, INC.

13 HOV -4 AM 10: 01

(Name of Corporation as current) P1000098506	lly filed with the Florida Dept. of State)	
	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of th	ne corporation:	
		The new
	word "corporation," "company," or "incorporated" or Corp," "Inc," or "Co". A professional corporation name the abbreviation "P.A."	
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
D. If amending the registered agent and/or regi	istered office address in Florida, enter the name of the	
new registered agent and/or the new registe		
Name of New Registered Agent		
	(Florida street uddress)	
New Registered Office Address:	, Florida	
	(City) (Zip Co	ode)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ages	Registered Agent: ant. I am familiar with and accept the obligations of the pos	sition.
Signature o	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.

X Change	<u>PT</u>	John Doe	<u>2</u>		
X Remove	<u>v</u>	Mike Jor	<u>nes</u>		·
_X Add	<u>sv</u>	Sally Sm	<u>ith</u>		
Type of Action (Check One)	Title		<u>Name</u>		Address
1) Change	0		JUAN VASQUES		715 E LIME ST
Add					TARPON SPRINGS, FL
Remove					33689
2) Change	0	_	SEGUNDO CEBALLOS	3	7312 BAJA CT
Add					TAMPA, FL 33634
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add		_			
Remove					
Kemove					

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		ng or adding addi ditional sheets, if n	ecessary). (Be specific)	e(s) nere.		
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date this document was signed.	, ii other than the
Effective date if applicable:	
(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 10/31/2013	
Signature (By a director, president or other officer – if directors or officers have not been	
(By a director, president of 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)	
LUIS GORDILLO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	