7110000092049

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
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PICK-UP	WAIT	MAIL
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2022 HAY -6 AM 6: 32 SECRETARY OF STATE

A. BUTLER JUN 28 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TOTAL GRANITI	E COUNTERTOPS INC	
	BER: P11000092049		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	WALTER CEVALLOS		
		Name of Contact Person	1
	TOTAL GRANITE COUTE	RTOPS INC	
		Firm/ Company	
	PO BOX 621854		
		Address	
	ORLANDO FL 32862		
		City/ State and Zip Cod	e
	TITTAL (RALDITI	EQHOTMAIL.CO	n-1
		sed for future annual report	
		•	
For further information	on concerning this matter, pleas	se call:	
WALTER CEVALLO	OS	at (⁴⁰⁷	952-8169
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address Iment Section In of Corporations Entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



TOTAL GRANITE COUNTERTOPS INC

(Name of Corporation as current)	v filed with the Florida Della Mathte 6 AM 6: 32
211000092046	SECRETARY OF STATE
(Document Number of	Corporation (if known) TALLAHASSEF, FL
ursuant to the provisions of section 607.1006, Florida Statutes, this as Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
ame must be distinguishable and contain the word "corporation," "c Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A."	
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
•	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
3	

reck if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT	John Doe	
X Remove	<u>Y</u>	Mike Jones	
_X Add	SV	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	V	WALTER CEVALLOS CEVALLOS	9621 BAY PINE LN
X Add			ORLANDO FL 32832
Remove			
2) Change	D	BRYAN RAMIREZ	PO BOX 621854
X Add			ORLANDO FL 32862
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
i) Change			
Add			
Remove			
) Change			
Add	<u> </u>		
Remove			

	heets, if necessary).	icles, enter change (Be specific)	184. P. 3. 3.		
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provisions for imp	provides for an exch plementing the ame	ange, reclassificat	ion, or cancellation	on of issued share: adment itself:	L
(if not applica	210, 111110410 11111)				
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(if not applica					
(if not applica					
(if not applica					

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date this document was signed.	doption:, if other than th
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ado action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
must be separately provided for	proved by the shareholders through voting groups. The following statement 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)
04/20/2022 Dated	Wha Onlos
selected appoint	trector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) WALTER CEVALLOS ([Vered or printed name of person signing)
(By a di selected appoint	d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)