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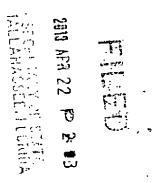
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: STONE CREATIC	ONS, INC	
	BER:		
	s of Amendment and fee are su	abmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	JULIA KIM		
	·	Name of Contact Person	1
	MOMENTUM TAX ACCO	UNTING & CONSULTING	GLLC
	·-	Firm/ Company	·
	6996 PIAZZA GRANDE AV		
		Address	
	ORLANDO. FL 32835		
		City/ State and Zip Cod	e
RA@	MOMENTUMTAC.COM		
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
THIAGO L GRANC	'Δ		
		at (
ivame	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & 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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

STONE CREATIONS, INC.

TTOOLOGGO	·····································
1100100696	ently filed with the Florida Dept. of State 22 P 2: 03
(Document Numbe	er of Corporation (if known) IALLAHASSLE, FLORICA
rsuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	
If amending name, enter the new name of the corporation:	
	The new
ime must be distinguishable and contain the word "corpora Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o ord "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain the
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(MATERIAL STATE NO. 1)	
MATERIAL STATE OF THE BOX	
(Manual Manual M	
	ddress in Florida, enter the name of the
If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addr	ress:
If amending the registered agent and/or registered office administrated agent and/or the new registered office addr	ddress in Florida, enter the name of the
If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addr Name of New Registered Agent	ress:
If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addr Name of New Registered Agent	ess:

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>»c</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	V		FABIO LUVISOTTO GOMEZ	1211 HEMINGWAY PL #304
X Add	.			CELEBRATION, FL 34747
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				·
6) Change				
Add				
Remove				

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
rovisions for implementing the amendment if not contained in the amendment itself:	
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(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ 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):	ıt.
"The number of votes east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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 04-10-2019 Signature 200-8	
Signature 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)	
THIAGO L FRANCA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	