

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160001937793)))



H160001937793ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : FLORIDA MULTISERVICES, INC.

Account Number : I20150000061 Phone : (786)290-3319

Fax Number : (305)645-2035

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FLMULTISERVICES @ yahoo. com

COR AMND/RESTATE/CORRECT OR O/D RESIGN ARMANDO'S GRANITE & MARBLE, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

AUG 0 9 2016

C. CARROTHERS

Electronic Filing Menu

Corporate Filing Menu

Help

H160001937793

Tallahassee, FL 32314

3056432035

BLUE BEACH TRAVEL

PAGE 02/05

416000193779 3

COVER LETTER

TO: Amendment Section Division of Corpora						
NAME OF CORPOR	ATION: ARMANDO'S GR	RANITE & M	ARBLE, COF	æ.		
DOCUMENT NUMBI	D1200000000					
		4				
The enclosed America of	f Amendment and fee are st	nountinea tot i	iling.			
Please return all corresp	condence concerning this ma	atter to the fol	lowing:			
	ARMANDO MARTINEZ					
_	Name of Contact Person					
	ARMANDO'S GRANITE & MARLBE CORP					
_	Firm/ Company					
7	'60 - 14th STREET NE					
	-		ddress			
<u> </u>	NAPLES, FL 34120					
		City/ Stat	e and Zip Cod	ė		
flmulti	services@yaboo.com					
	E-mail address: (to be u	sed for future	annual report	notification)		
For further information	concerning this matter, plea	se call:				
ARMANDO MARTIN	EZ	a	1 (²³⁹	440-5197		
Name of	<u></u>	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to th	e Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified	nal copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ng Address			Address		
	dment Section on of Corporations			ment Section		
P.O. I	Division of Corporations Clifton Building					

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Articles of Amendment to Articles of Incorporation of 416 000 1937793

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P12000008692	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
N/A	in the second se
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	"Co". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent N/A	ress in Florida, enter the name of the
(Florida sn	reet 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 t	i with and accept the obligations of the position.

H16000/937793

Signature of New Registered Agent, if changing

H 16000 1937 793

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)

Example:

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.

V Damesm	$\underline{\mathbf{v}}$	3.411 T	
X Remove	_	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	LAURA MARTINEZ	760 - 14th STREET NE
X Add			NAPLES, FL 34120
Remove			
2) Change			
Add			
Remove		,	
3)Change			
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

H160001937793

<u> </u>	al sheets, if necess	ary). (ac apaca)	,			
					<u> </u>	
				·		
						·
						
	·····				···	
					V	
	<u> </u>					
						
						
						
	nt provides for at	a exchange, recla	ssification, or car	<u>cellation of issued</u>	l shares,	
If an amendme		<u>e amendment if n</u>	ot contained in th	<u>10 amendment itse</u>	<u>:lf:</u>	
If an amendme	implementing in					
	licable, indicate N	(/A)				
	licable, indicate N	(/A)				
	licable, indicate N					
	licable, indicate N	·				
	licable, indicate N					
	licable, indicate N					
	licable, indicate N					
	licable, indicate N					
	licable, indicate N					
	licable, indicate N					
If an amendme provisions for (if not app	licable, indicate N					
	licable, indicate N					

H160001937793

08/08/2016	15:13	3056432035	BLUE	BEACH TRAVEL	PAGE 06/06 0001937793
The date of each am date this document w) adoption:	·		, if other than the
Effective date <u>if app</u>	licable: _	(no mo	re than 90 days after a	mendment file date)	
		is block does not meet t Department of State's re		filing requirements, t	his date will not be listed as the
Adoption of Amend	ment(s)	(CHECK ON	(E)	•	
•	•	adopted by the sharehold sufficient for approval.	lers. The number of ve	otes cast for the amend	ment(s)
		approved by the shareho for each voting group en			
"The numbe	r of votes c	ast for the amendment(s)	was/were sufficient fo	r approval	
by				, n	
		(voting group	<i>)</i>)		
The amendment(s) action was not req		adopted by the board of a	directors without share	holder action and share	chold er
The amendment(s) action was not req		adopted by the incorpora	tors without sharehold	er action and sharehold	ler
Dai	08/08/20	016			
	mature	Ou	9		
-	(By	a director, president or o	ther officer - if directo	rs or officers have not	been
		ointed fiduciary by that fl		ceiver, musice, or ome	r court

ARMANDO MARTINEZ

PRESIDENT

(Typed or printed name of person signing)

(Title of person signing)