P12000021572

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: STONES & MET	TAL USA CORPORATION			
DOCUMENT NUMBER: P12000021575				
The enclosed Articles of Amendment and fee are s	submitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
MAXIMO O ZAMBRANC				
	Name of Contact Person			
. STONES & METAL USA	STONES & METAL USA CORPORATION			
	Firm/ Company			
8089 CHILTON DR				
	Address			
ORLANDO FL 32836				
-	City/ State and Zip Code			
RUBENTOROCPA@HOTMAIL	СОМ			
E-mail address: (to be	used for future annual report notification)			
For further information concerning this matter, please MAXIMO O ZAMBRANO				
Name of Contact Person	at () Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made				
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

STONES	Ŗ,	METAL	AZH	CORPOR	ATION

STONES & METAL USA CORPORATI	ON		
(Name o	f Corporation as currently	filed with the Florida Dept. of State)
P12000021572		•	
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	006, Florida Statutes, this <i>FI</i>	<i>forida Profit Corporation</i> adopts the f	ollowing amendment(s) to
A. If amending name, enter the new na	me of the corporation:		E The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associat	ation "Corp," "Inc." or "C	o". A professional corporation nam	r the abbreviation e mist contoin the
B. Enter new principal office address,	if applicable:	8089 CHILTON DR	7
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO FL 32836	9
·			***
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8089 CHILTON DR	
		ORLANDO FL 32836	
•			
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the	
Name of New Registered Agent	MAXIMO O ZAMBRANO	·	
	8089 CHILTON DR		
t.	(Florida stree	et address)	
New Registered Office Address:	ORLANDO	, Florida_	32836
	(0	City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Agent: rerect agent: A am familiar w	ith and accept the obligations of the p	vosition.
	Signature of New Ro	egistered 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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SŸ</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
l) Change	VS	OMIRA ALEXANDRA COVA DE	8089 CHILTON DR	
X Add		·	ORLANDO FL 32836	
Remove				
2) X Change	РТ	MAXIMO O ZAMBRANO	8089 CHINTON DR	
Add	,		ORLANDO FL 32836	
Remove				
3) Change				
<u>'</u> Add				
Remove		,	.	
4) Change			Section 1. Last 1. Las	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove			· ——	

	adding additional Artic of sheets, if necessary).	(Be specific)			
		 			
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If an amendmer	u provides for an exch	describerassification	ed in the amendmen	t itself:	
If an amendmer provisions for	implementing the amen	iament ii not contair			
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The date of each amendment(s) adoption:	, if other than th
(no more tha	ın 90 days áfter amendment file date)
Note: If the date inserted in this block does not meet the ap- document's effective date on the Department of State's records	oplicable statutory filing requirements, this date will not be listed as these.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes east for the amendment(s) was	were sufficient for approval
by(voting group)	N.
 □ The amendment(s) was/were adopted by the board of direct action was not required. □ The amendment(s) was/were adopted by the incorporators 	
action was not required.	without shareholder action and shareholder
MAY 12, 2016	
Signature www	,
(By a director, president or other	officer — if directors or officers have not been in the hands of a receiver, trustee, or other court lary)
MAXIMO O ZAMBRA	NO
(Typed or prin	nted name of person signing)
PRESIDENT	
·	itle of person signing)