P12000039159

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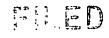
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: UNIVERSAL MA	RBLE POLISH, CORP.		
DOCUMENT NUMB	ER: P12000039159			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	ANTONIO SANCHEZ			
•	 	Name of Contact Person		
	UNIVERSAL MARBLE POLISH, CORP.			
-		Firm/ Company		
	1825 NW 18 TERR	Time Company		
-		Address		
	MIAMI, FL 33125			
-		City/ State and Zip Code		
	ANTONIOSANCHEZBEJEI	RANO@GMAIL.COM		
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:at () ્	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made		·	
■ \$35 Fiting 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of



UNIVERSAL MARBLE POLISH, CORP.

Check if applicable

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

2021 HAR 29 AM 8: 04

(Name of Corporation a	as currently filed with the Florida Dept. of State) OF STATE
P12000039159	TALLAHASSEE, FL
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
UNIVERSAL MARBLE POLISH AND SERVICES COL	RP The new
	oration," "company," or "incorporated" or the abbreviation "Corp.," r="Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered officers.	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am	red Agent:
r петелу ассері (не арранітені ах гедіметей ageni Fan	п затиш жан ана иссерстве отидинотх ој те рохиот.
Signatur	e of New Registered Agent, if changing
Nghuan	e of the neglinered rigerii, if endinging

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: XChange	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove		•	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
Kemove			

(Attach additional	ding additional Articl sheets, if necessary).	(Be specific)				
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					<u>-</u>	<u>-</u>
<u>If an amendment</u>	<u>provides for an excha</u>	nge, reclassifica	tion, or cancella	ttion of issued sl	nares,	
provisions for in	plementing the amenuable, indicate N/A)	<u>Iment if not con</u>	<u>itained in the ar</u>	<u>nendment itself:</u>	<u> </u>	
(у насаррис	ime, indicate sim)					
			_			
<u></u>						
						

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
-		
Effective date <u>if applicable</u> :	tno more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK_ONE</u>)	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendr sufficient for approval.	nent(s)
must be separately provided fo	oproved by the shareholders through voting groups. The following start each voting group entitled to vote separately on the amendment(s): It for the amendment(s) was/were sufficient for approval	
∭ 03/22/202 Dated	(voting group)	
select	director, president or other officer – if directors or officers have not bed, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	ANTONIO SANCHEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	