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SECRETARY OF SHAFE

Mary Mar

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	REINA	MARBLE	AND	TILE,	CORP

DOCUMENT NUMBER:

P12000041792

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

REINA GONZALEZ

Name of Contact Person

REINA MARBLE AND TILE, CORP

Firm/ Company

3402 SW 89TH AVE

Address

MIAMI, FL 33165

City/ State and Zip Code

REINAMARBLETILE@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REINA GONZALEZ

...305

/66-1311

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 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)

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 Articles of Incorporation

REINA MARBLE AND TILE, CORP

P12000041792

-				
			2812 JUL MALLAHASSE	A.
•	Articles of Amendment		,	11
7	to		2812	S. S.
	Articles of Incorporation		12 JU/	6.3
	of		Sec.	`9 .
EINA MARBLE AND TILE, (1.	- CARTAR	1/1 8:2.
(Name of Corporation as current	ly filed with the Florida Dept. of	State)	~~	Constant
12000041792				5378
(Document Number	er of Corporation (if known)		····	1454
rsuant to the provisions of section 607.1006, Flo Articles of Incorporation:	orida Statutes, this <i>Florida Profit</i> (Corporation ado	pts the following amen	dment(s) to
If amending name, enter the new name of the	e corporation:			
			The	new
Enter new principal office address, if applic rincipal office address <u>MUST BE A STREET</u>				
The same of the sa				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	· ROV)			
(Maning address MAT BE A 1051 OF TEE	<u></u>			
If amending the registered agent and/or reg	istered office address in Florida	enter the name	e of the	
new registered agent and/or the new registe				
Name of New Registered Agent	·			
	(Florida street address)			
	(1 to the street data ess)			
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
ew Registered Agent's Signature, if changing	Registered Agent:			
vereby accept the appointment as registered age		the obligations	of the position.	
		6	• •	
e.	CM D 1 . 1 . 1 . 1 . 1 . 1			

Signature of New Registered 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>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	Р	OSCAR LAZARO TRIANA	3402 SW 89TH AVE MIAMI, FL 33165
2) Change Add Remove	Р	LAZARO OSCAR TRIANA	3402 SW 89TH AVE MIAMI, FL 33185
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)					
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	•	*****	W.,		
					
an amend	ment provides for an e for implementing the a	xchange, recta mendment if n	sification, or ca ot contained in	ncellation of issu the amendment it	<u>ea snares.</u> self:
(if not	applicable, indicate N/A)	,		
					
					
				 -	

			·_ _ -		

; ;; (The date of each amendment	(s) adoption: 04/30/2012
Effective date if applicable:	04/30/2012
Effective date ir applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement and for 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)
action was not required. The amendment(s) was/wes	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Signature	06/2012 By a director, president or other officer – if directors or officers have not been
Se	elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)
	REINA GONZALEZ
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)