# P/2000/68819

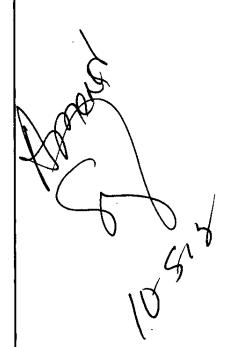
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)	_	
PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		
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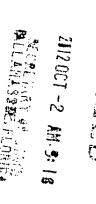




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## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: VALDIVIES	SO MARBLE GR	ANITE
DOCUMENT NUMBER: P1200006881		<del>-</del>
The enclosed Articles of Amendment and fee are so		
Please return all correspondence concerning this ma	atter to the following:	
REYNEL GONZA	ALEZ	
	Name of Contact Person	1
1641 ILENE CT	Firm/ Company	
TOTT ILLINE OT	<del> </del>	
DEL DAY DEAOL	Address	_
DELRAY BEACH	HELORIDA 3344	.5
	City/ State and Zip Code	2
	I COM	
ISAIASLAURA@AO	ised for future annual report	notification)
E-mail address: (to be t	ised for future annual report	notification)
For further information concerning this matter, plea	se call:	
REYNEL GONZALEZ	at (561	6540597
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$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	Amend Divisio	Address ment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

#### **Articles of Amendment** to Articles of Incorporation

21/20c7 2 AM 3: 16

### VALDIVIESO MARBLE GRANITE CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

#### P12000068819

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must 1 "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1641 ILENE CT APT # 1
	DELRAY BEACH
	FLORIDA 33445
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1641ILENE CT APT
(maning maning)	DELRAY BEACH
). If amending the registered agent and/or registered office ad	FLORIDA 33445  Idress in Florida, enter the name of the
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	FLORIDA 33445  Idress in Florida, enter the name of the ess:
9. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address Name of New Registered Agent	FLORIDA 33445  Idress in Florida, enter the name of the 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 anti/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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	REYNEL GONZALEZ	1641 ILENE CT APT 1
X Add			DEL RAY BEACH FL 33445
Remove			
2) Change			<u> </u>
<u>·</u> Add		·	
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ARTICLE VII, ADD VICEPRESIDENT
·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 09/24/2012		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
<sub>Dated</sub> 09/24	/2012	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	HECTOR VELAZQUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	