P12000076371

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AUG - 1 2013

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ANGEL GRA		TS, INC.
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
ı	MANUEL ORC	SA	
	DROSA CUST	Name of Contact Person OM RENOVA	
<u>.</u>	3906 ARNOLD		<u> </u>
1	NAPLES, FL 3	Address 4104	
		City/ State and Zip Code	c
sylv	riaalvarez01@ E-mail address: (to be us	msn.com sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
SYLVIA ALV	/AREZ	at (239	,645-0375
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Street Address Amendment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

ANGEL GRANITE &	CARINETS	INC		04
(Name of Corporation as				•
P12000076371		,		
	nt Number of Corporation	(if known)		-
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporatio	n adopts the following	g amendment(s) to
A. If amending name, enter the new na OROSA CUSTOM R		IS. INC.		Office and the second
name must be distinguishable and con			orporated" or the a	_The new bbreviation
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corp	poration name must	contain the
B. Enter new principal office address.	if applicable:	N/A		_
(Principal office address MUST BE A S	TREET ADDRESS)			-
				-
C. Enter new mailing address, if appli	icable:	N/A		
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)			•
				•
D. If amending the registered agent an	dar registered office ad	drage in Florida, enter the	name of the	-
new registered agent and/or the new			uside of tite	
Name of New Registered Agent	N/A			
	(Florida s	street address)		
New Registered Office Address:		, Flo	rida	
	(Cit	y)	(Zip Code)	-
New Registered Agent's Signature, if c I hereby accept the appointment as regist			tions of the position.	
· · · · · · · · · · · · · · · · · · ·	gnature of New Registered	l Agent if changing		
31	Binantic Of them Westricies	· regular, of commissing		

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.

PT	John Do	<u>oe</u>	
¥	Mike Jo	ones	
<u>sv</u>	Sally Sr	<u>nith</u>	
Title		Name	<u>Addres</u> s
VP		JORGE L. RODRIGUEZ	3906 14TH ST SW
			LEHIGH ACRES, FL 33976
	_		
			
	_		
	_		
	_		
	Y SV Title	Y Mike Jo SV Sally So Title	V Mike Jones SV Sally Smith Title Name

E. If amending or adding additional Articles, enter change(s) here:				
(Attach additional sheets, if necessary).	(Be specific)			
N/A				
. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares.			
provisions for implementing the ame	ndment if not contained in the amendment itself:			
(if not applicable, indicate N/A)				
N/A				
	•			

The date of each amendment(s	07/26/2013	ie alle e de e de
date this document was signed.		, 11 other than the
Effective date if applicable:	07/26/2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
07/	26/2013	
Dated	26/2013	
	1-41	
Signature (By	a director, president or other officer - if directors or officers have not been	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
sel	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	MANUEL OROSA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	