PIADOOSISHHA

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(City/State/Zip/Phone #)	04/11/1701006028 **35.00
(Business Entity Name)	·
(Document Number)	
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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporation	ons		
NAME OF CORPORAT	ION: CARLOS	CASTRO C	ountertops inc
DOCUMENT NUMBER	: <u>P1200</u>	00 95 44	2
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following:	
	1604 18 PALME	Firm/ Company HAVE DR Address TTO, FL, City/ State and Zip Cod	ed Countertops Inc EAST 34221
For further information con	ncerning this matter, pleas	se call:	
CARLOS	CASTRO Ontact Person	at (94]_ Arca C	S80 - 8446 ode & Daytime Telephone Number
Enclosed is a check for the	following amount made		
\$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)
Amendm Division P.O. Box	Address ent Section of Corporations a 6327 see, FL 32314	Amen Dívisi Clifto	t Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

17 APR 10 AM 9: 42

Articles of Incorporation of

CASTRO COUNTERTOPS INC

(Name of Corporation as currently filed with the Florida Dept. of State)
P12 00 00 95 442 (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address: 1604 18th ave Dr E, palmetto, Florida 34221
(Ciny) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent;
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
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	PT Joh	nn Doc	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> Sal	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	RAMON A. CASTRO ROB	LES 1604 18th ave
X Add			Dr East
Remove			palmetto FL 3422
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			***************************************
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
P amova			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
NA	
	•
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(i) not appreciote, marcute 1771)	
N/A	
/	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 04/01/2017	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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"	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 04/01/2017	
Signature (By a director, president of other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
CARLOS CASTRO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of namon signing)	