# P13000055175

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Amend 108,13.13

#### **COVER LETTER**

TO: Amendment Section

Division of Corporations iGranite, Inc. NAME OF CORPORATION: P13000055175 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person iGranite Firm/ Company 5639 Taylor Rd. Address Naples, FL 34109 City/ State and Zip Code carelcomesana@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carel Comesana 498 - 3634 Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **☑** \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address **Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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

(Name of Corporation as currently filed with the P13000055175	Florida Dept. of State)
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
A. <u>If amending name, enter the new name of the corporation:</u>	
	The new
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	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:	iGranite
(Principal office address MUST BE A STREET ADDRESS)	5639 Taylor Rd.
	Naples, FL 34109
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	iGranite
(Matting datatess MAT BE A POST OFFICE BOX)	5639 Taylor Rd.
	Naples, FL 34109
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
	<del></del>
(Florida :	street address)
New Registered Office Address:	, Florida
(Cit	ty) (Zip Code)
New Registered Agent's Signature, if changing Registered Ages I hereby accept the appointment as registered agent. I am familia	

## 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.

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)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Alexander Dominguez	5639 Taylor Rd.
Add			Naples, FL 34109
X Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove		•	
5) Change			
Add		<del></del>	· · · · · · · · · · · · · · · · · · ·
Remove			
Kemove			
6) Change		<del></del>	
Add			
Remove			

	If amending or adding additional Ar (Attach additional sheets, if necessary)	. (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
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provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
(if not applicable, indicate N/A)	f an amendment provides for an exe	change, reclassification, or cancellation of issued shares,
	provisions for implementing the am	endment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
		,
	·	

### The date of each amendment(s) adoption: \_ , if other than the date this document was signed. 08/01/2013 Effective date if applicable: (no more than 90 days after amendment file date) 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 (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. 08/01/2013 Dated Signature (By a director, president or 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) Carel Comesana (Typed or printed name of person signing) President (Title of person signing)

08/01/2013