P1300074666

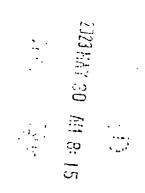
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:			
DOCUMENT NUMBER: P13000074666	Name of Corporation		
The enclosed Articles of Correction and f	ee are submitted for filing.		
Please return all correspondence concerni	ing this matter to the following:		
RODRIGO DA COSTA			
Name of Contact Person			
ARTISTIC EDGE GRANITE GROUP, INC			
Firm Company			
1001 CORPORATE AVE			
Address			
NORTH PORT, FLORIDA 34289			
City State and Zip Code			
MICHAEL@LAMARCAINSURANCE.COM			
E-mail address: (to be used for future annual	report notification)		
For further information concerning this m	natter, please call:		
MICHAEL LAMARCA	at (206 0033 Daytime Telephone Number		
Name of Contact Person	Area Code Daytime Telephone Number		
Enclosed is a check for the following amo	ount:		
■ \$35.00 Filing Fee	S43.75 Filing Fee & Certificate of Status		
□ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy		
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

ARTISTIC EDGE GRANITE INC	
Name of Corporation as currently filed with the Florida Dept. of	State
P13000074666	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124, Florida Statutes.	
These articles of correction correct OFFICERS (Document Type Benny	
filed with the Department of State on (File Date of Document)	
	2
Specify the inaccuracy, incorrect statement, or defect: REMOVE MILKA DA COSTA FROM CORP	
	. 3 0
	<u> </u>
	<u> </u>
Correct the inaccuracy, incorrect statement, or defect:	
	- <u></u>
(Signature of a director, president or other officer - if directors or offinot been selected, by an incorporator - if in the hands of the receiver, other court appointed fiduciary, by that fiduciary.)	tristee, or
RODRIGO DA COSTA	05/22/2023
(Typed or printed name of person signing)	(Title of person signing)

MICHAEL A LAMARCA
Notary Public - State of Florida
Commission # HH 305649
My Comm. Expires Dec 3, 2026
Bonded through National Notary Assn.

Filing Fee: \$35.00