## P130000 15599

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C. GOLDEN
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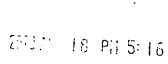
## COVER LETTER :

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: S STONE RESTOR	ATION, INC			
DOCUMENT NUMI	BER:				
The enclosed Articles	of Amendment and fee are sub	mitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	FERNANDO SILVA				
		Name of Contact Person			
	SKYTRUST ENTERPRISE, LLC				
	Firm/ Company				
	123 NW 13TH ST #304-7				
		Address			
	BOCA RATON, FL 33432				
	City/ State and Zip Code				
	FERNANDO@SKYTRUSTI	ENTERPRISE.COM			
		ed for future annual report	notification)		
For further information	on concerning this matter, pleas		463-2557		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



S STONE RESTORATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)
P13000075599
(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 amendment its 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:, Florida
(City) (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
Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
$\underline{X}$ Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	STENIO E. SOUZA	862 NW 45TH ST
Add			POMPANO BEACH, FL 33064
Remove			
2) X Change	P	CARLA DIAS DE SOUZA	862 NW 45TH ST
Add			POMPANO BEACH, FL 33064
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5/ Change			
Add			
Remove			
6) Change			
Add			
Remove			

	. (Be specific)
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f d d	cohonge woolegeification or concellation of issued shares
f an amendment provides for an ex-	change, reclassification, or cancellation of issued shares,
provisions for implementing the an	nendment if not contained in the amendment itself:
f an amendment provides for an ex- provisions for implementing the an (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
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provisions for implementing the an	nendment if not contained in the amendment itself:
provisions for implementing the an	nendment if not contained in the amendment itself:

The date of each amendment(s) at	loption:	, if other than the
date this document was signed.	•	
Effective date if applicable:	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this b document's effective date on the Do	lock does not meet the applicable statutory filing re	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adeaction was not required.	opted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were so	opted by the shareholders. The number of votes cast afficient for approval.	for the amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. To each voting group entitled to vote separately on the	he following statement amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approv	ral
by		 
	(voting group)	
08/12/2020 Dated		
selecti	firector, president or other officer – if directors or office, by an incorporator – if in the hands of a receiver, inted fiduciary by that fiduciary)	icers have not been rustee, or other court
	STENIO E. SOUZA	
	(Typed or printed name of person signin	g)
	P	
	(Title of person signing)	