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13 SEP 30 ANTI: 12
SECRETARY OF STATE
ALL AHASSEF FLORIDA

C. LEWIS

OCT 4 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALL KITC	HEN STONE INC				
DOCUMENT NUMBER: P13000077543					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
LO	URDES F. MENDEZ				
Name of Contact Person ALL KITCHEN STONE INC					
Firm/ Company 651 WEST 50 ST, HIALEAH, FL 33012					
HIALEAH, FLORIDA 33018 City/ State and Zip Code					
IDANIA17@YAHOO.COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, ple	rase call:				
LOURDES F. MENDEZ	at (786) 273-6951				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee 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 Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

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ALL KITCHEN STONE INC

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	P130000775	43	- FLORID
(Document N	lumber of Corporation (if	known)	···-
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this F	Florida Profit Corporation adopt	s the following amendmen
A. If amending name, enter the new name	of the corporation:		
N/A	<u> </u>		77
name must be distinguishable and contain "Corp." "Inc.," or Co.," or the designation word "chartered." "professional association	on "Corp." "Inc," or "C	To". A professional corporation	The new ed" or the abbreviation name must contain the
B. Enter new principal office address, if a (Principal office address MUST BE A STR)		N/A	·
	,		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF)		N/A	
D. If amending the registered agent and/o new registered agent and/or the new re	r registered office address: egistered office address: I/A	ess in Florida, enter the name o	f the
Name of New Registered Agent 1			
_	(Florida stree	et address)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	ging Registered Agent: d agent. I am familiar wa	ith and accept the obligations of	the position
Signa	ture of New Registered Ag	gent, 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	<u>PT</u>	John Do	<u>0e</u>	
X Remove	\underline{V}	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		DIMAS MENDEZ	651 WEST 50 ST, HIALEAH, FL 33012
X Add				
Remove				
2) Change	***************************************	_		
Add				
Remove				
3) Change		M Anau		
Add				9.46
Remove				
4) Change		_		
Add				
Remove				
5) Change		· ····		
Add				
Remove				
6) Change				
Add				
Remove				

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

The date of each amendment	(s) adoption: 09/24/2013	Flat of the then the
date this document was signed		13 SEP 30 AH /1: 12
Effective date if applicable:	09/24/2013	SEP 30 AMILLIA
	(no more than 90 days after amendment file date)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	TONIUA
■ The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amenere sufficient for approval.	dment(s)
	re approved by the shareholders through voting groups. The following ad for each voting group entitled to vote separately on the amendments	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and sha	ıreholder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareho	lder
Dated_ 09	/24/2013	
Signature	Laurdes F. Mendez	
SC	y a director, president or other office—if directors or officers have no lected, by an incorporator—if in the hands of a receiver, trustee, or off pointed fiduciary by that fiduciary)	
	LOURDES F. MENDE	ΞZ
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	