## P1400088588

| (Requestor's Name)                      | _ |
|---|---|
| (Address)                               | _ |
| (Address)                               | _ |
| (City/State/Zip/Phone #)                | _ |
| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  |   |
| (Document Number)                       |   |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: |   |
|   |   |
|   |   |
|   |   |

Office Use Only



700317289947

08/21/18--01004--016 \*\*43.75

2010 AUG 21 PM 2: 26
SECRETAGE TO SELECTED AND AND ASSECUTE OF THE SECRETAGE OF THE SECRETA

Michaling

AUG 22 2018 I ALBRITTON

## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR           | ATION: LICOT TILE & M  | ARBLE INC  |  |  |
|--------------------------|--|--|--|--|
| DOCUMENT NUMB            | 2222200001E  | ·  |  |  |
| The enclosed Articles    | of Amendment and fee are su  | bmitted for filling.   |  |  |
| Please return all corres | pondence concerning this ma  | tter to the following:   |  |  |
|                          | SANDOVAL, JHON C   |  |  |  |
|                          | ······   | Name of Contact Persor   | 1  |  |
|                          | LICOT TILE & MARBLE II   | NC   |  |  |
|                          |  | Firm/ Company  | <del></del>  |  |
|                          | 709 93rd STREET AVE N  |  |  |  |
|                          |  | Address  |  |  |
|                          | Naples FL 34108  |  |  |  |
|                          | <del></del>  | City/ State and Zip Cod  | c  |  |
| For further information  | E-mail address: (to be used to be |  |  |  |
| Jhon C Sandoval          |  | at (   | de & Daytime Telephone Number  |  |
| Name o                   | of Contact Person  | Area Code & Daytime Telephone Number                               |  |  |
| Enclosed is a check for  | r the following amount made  | payable to the Florida Depa  | artment of State:  |  |
| □ \$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) |  |
| Amo<br>Divi<br>P.O.      | ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314   | Ameno<br>Divisio<br>Cliftor  | Address Iment Section on of Corporations Building Executive Center Circle              |  |

Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

| ī | TODE     | TH | F    | S. | M | ΔΕ | 12    | T | : IN | C  |
|---|----------|----|------|----|---|----|-------|---|------|----|
|   | 11 1 1 1 |    | . r. | ~  |   | ^  | L I D | 1 |      | ١. |

| (Name of Corporation  | as currently filed with the Florida Dept. of State)  |
|---|--|
| P14000088588  |  |
| (Docume   | nt Number of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:  | Statutes, this Florida Profit Corporation adopts the following amendment(s) to   |
| A. If amending name, enter the new name of the corp   | poration:  |
| EXQUISITE STONE DESIGNS INC   | The new  |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a | "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the observiation "P.A." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR   | PESS )   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX  D. If amending the registered agent and/or registere                  | SST ST  |
| new registered agent and/or the new registered o  |  |
| Name of New Registered Agent  |  |
|   | (Florida street address)   |
| V. Davieran J. Office Lithurger   | Florida  |
| New Registered Office Address:  | (City) (Zip Code)  |
| New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.  | stered Agent:<br>am familiar with and accept the obligations of the position.  |
| Signa   | ture 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.

| X Change                      | <u>PT</u>    | John Do       | <u>oc</u>   |                                       |
|-------------------------------|--------------|---------------|-------------|---------------------------------------|
| X Remove                      | <u>Y</u>     | Mike Jo       | <u>nes</u>  |                                       |
| _X Add                        | <u>sv</u>    | Sally Sn      | nith        |                                       |
| Type of Action<br>(Check One) | <u>Title</u> |               | <u>Name</u> | <u>Addres</u> s                       |
| 1) Change                     |              | _             |             |                                       |
| Add                           |              |               |             |                                       |
| Remove                        |              |               |             |                                       |
| 2) Change                     | <del></del>  | <del></del> - |             |                                       |
| Add                           |              |               |             |                                       |
| Remove                        |              |               |             |                                       |
| 3 ) Change                    |              | <u>-</u>      |             |                                       |
| Add                           |              |               |             |                                       |
| Remove                        |              |               |             |                                       |
| 4) Change                     |              |               |             |                                       |
| Add                           |              | _             |             |                                       |
| Remove                        |              |               |             |                                       |
|                               |              |               |             |                                       |
| 5) Change                     |              |               |             |                                       |
| Add                           |              |               |             | · · · · · · · · · · · · · · · · · · · |
| Remove                        |              |               |             |                                       |
| 6) Change                     |              | _             |             |                                       |
| Add                           |              |               |             |                                       |
| Remove                        |              |               |             |                                       |

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

|   | 08/16/2018  |                                       |
|---|---|---------------------------------------|
| The date of each amendment(s)   | adoption:   | , if other than the                   |
| date this document was signed.  |   |                                       |
| 08<br>Effective date <u>if applicable</u> :                           | 6/01/2018   |                                       |
| Enective date in appareable.  | (no more than 90 days after amendment file date)  |                                       |
| Note: If the date inserted in this document's effective date on the l | block does not meet the applicable statutory filing requirements. Department of State's records.                                    | this date will not be listed as the   |
| Adoption of Amendment(s)  | (CHECK ONE)   |                                       |
| ☐ The amendment(s) was/were a by the shareholders was/were            | dopted by the shareholders. The number of votes cast for the amend sufficient for approval.   | dment(s)                              |
|   | pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment( |                                       |
| "The number of votes ca   | st for the amendment(s) was/were sufficient for approval  |                                       |
| by  | (voting group)  |                                       |
|   | (voting group)  |                                       |
| action was not required.  | dopted by the board of directors without shareholder action and sha   |                                       |
| action was not required.  | dopted by the incorporators without shareholder action and shareho  | ider                                  |
| 08/16/  | 2018  |                                       |
| Dated   |   |                                       |
|   |   |                                       |
| Signature   |   |                                       |
|   | director, president or other officer - if directors or officers have no   |                                       |
|   | eted, by an incorporator – if in the hands of a receiver, trustee, or oth   | ier court                             |
| appo  | inted fiduciary by that fiduciary)  |                                       |
|   | Jhon C Sandoval   |                                       |
|   | (Typed or printed name of person signing)   |                                       |
|   | President   |                                       |
|   | (Title of person signing)   | · · · · · · · · · · · · · · · · · · · |