

P 14000100394

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2018 MAR 22 PM 3:38
MAR 22 2018

C. GOLDEN

MAR 23 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Diamond Stone Pavers Inc

DOCUMENT NUMBER: P14000100394

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judith Ramirez Ramirez

Name of Contact Person

Diamond Stone Pavers Inc

Firm/ Company

804 A Willow Street

Address

Destin, FL 32541

City/ State and Zip Code

yudisam18@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judith Ramirez Ramirez

at (850) 226-3877

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 &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

2015 MAR 22 PM 3:38

Diamond Stone Pavers Inc

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

P14000100394

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to 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:

(City)

, Florida

(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

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	<u>PSD</u>	<u>Trino Flores</u>	<u>804 A Willow St.</u>
<u>Add</u>			<u>Destin FL 32541</u>
<u>X</u> Remove			
2) <u>Change</u>	<u>PSD</u>	<u>Yudith Ramirez Ramirez</u>	<u>804 A Willow Street</u>
<u>Add</u>			<u>Destin, FL 32541</u>
<u>Remove</u>			
3) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
4) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

(Attach additional sheets, if necessary). (Be specific)

[illegible][illegible]

03/19/2017

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 3-19-17
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

by _____."
(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.

Dated 3/19/2018

Signature YUDITH R. RAMIREZ R.
(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)

YUDITH RAMIREZ RAMIREZ POA attached.

(Typed or printed name of person signing)

President and Power of Att

(Title of person signing)

Prepared by

Robert G. Collins, Esquire, Florida Bar # 104434
8285 Navarre Parkway
Navarre, Florida 32566

POWER OF ATTORNEY

KNOW EVERYONE BY THESE PRESENTS, which are intended to constitute a Power of Attorney, **THAT I, Trino Flores-Bano**, having an address at 804 Willow Street, Destin, FL 32541, hereby make, constitute and appoint **Yudith Ramirez Ramirez**, with a Passport Number E13958812, as my attorney-in-fact TO ACT in my name, place and stead in any way which I could do, if I were personally present, to the extent that I am permitted by law to act through an agent with respect to the following matters:

- (a) to ask, demand, sue for, recover and receive all manner of goods, chattels, debts, rents, interest, sums of money and demands whatsoever, due or to become due, that are thought to be owing, belonging or payable to me in my own right or otherwise, and to execute, acknowledge and deliver acquittances, receipts, releases, satisfactions or other discharges for the same;
- (b) to sell, transfer, exchange, convert, abandon, or otherwise dispose of, or grant options with respect to, real and personal property, at public or private sale, with or without security, in such manner, at such times, for such prices, and upon such terms and conditions as my attorney-in-fact may deem necessary or appropriate;
- (c) to make, execute, endorse, accept and deliver in my name or in the name of my attorney-in-fact all checks, notes, drafts, warrants, securities, stock certificates, certificates of deposit, bonds, acknowledgments, and any other agreements, certificates or instruments of any nature, as my attorney-in-fact may deem necessary or appropriate;
- (d) to deposit and withdraw any sums to or from Well Fargo Bank or any other bank, savings or similar account maintained by me alone or jointly; to open, continue, modify or terminate any account or banking arrangement in my name or jointly with others; to prepare financial statements concerning my assets and liabilities or income and expenses, and deliver them to financial institutions; to receive statements, notices and other documents from financial institutions; to open or cause to be opened any safe deposit box in my name and to examine and remove any or all of the contents of such box; and to conduct such other banking transactions as my attorney-in-fact may deem necessary or appropriate;
- (e) to take possession of, recover, obtain and hold any tangible personal property belonging to me or to which I may be entitled, and to receive and take for me and in my name any rents, issues and profits of any such property; to purchase, invest in, reinvest in, accept as a gift, sell, exchange, lease, grant options upon, assign, transfer, abandon, pledge, encumber or otherwise dispose of any personal property of any nature and wherever situate; to store property for hire or on a gratuitous bailment; to make repairs and alterations; and to execute, acknowledge and deliver all contracts, leases, notes, security agreements, guarantees, bills of sale, assignments, extensions, releases, waivers, consents, and any other agreements, writings and instruments of any nature affecting any personal property, as my attorney-in-fact may deem necessary or appropriate;
- (f) to take all steps and remedies necessary or appropriate for the conduct and management of my business, Diamond Stone Pavers, or any other business in which I may have an interest; to exercise in person or by proxy any right, privilege or option which I may have with respect to any business; to continue, modify, negotiate, renegotiate, extend and terminate any and all contracts or

agreements heretofore or hereafter made with respect to the business; to pay, compromise or contest business taxes or other claims or obligations; to determine the policies of the business as to the location, methods and manner of its operations including its financing, accounting, and insurance; and to add or remove capital from the business;

(g) to employ such agents, attorneys, accountants, investment counsel, trustees, caretakers and other persons and entities providing services or advice, irrespective of whether my attorney-in-fact may be associated therewith, and to rely upon information or advice furnished thereby or to ignore the same, and to delegate duties hereunder and pay such compensation, as my attorney-in-fact may deem necessary or appropriate; and

(h) to take all steps and remedies necessary or appropriate for the conduct and management of any AT&T phone account, specifically but not limited to the phone number 850-240-7867 ¹⁸⁷⁷ to exercise in person or by proxy any right, privilege or option which I may have with respect to any account; to continue, modify, negotiate, renegotiate, extend and terminate any and all contracts or agreements heretofore or hereafter made with respect to the account; to pay, compromise or contest any claims or obligations;

(i) to do, execute, perform and finish for me and in my name all things which my attorney-in-fact shall deem necessary or appropriate in connection with the matters provided for in this power of attorney.

[Initial: TF] I authorize my attorney-in-fact to sell, grant options upon, assign, transfer, exchange, lease, convey, encumber or otherwise dispose of Diamond Stone Pavers, or any other business which I own or in which I have an interest, in such manner, for such prices, and upon such terms and conditions as my attorney-in-fact may deem necessary or appropriate; to possess, recover, manage, control, or otherwise deal with the property; to negotiate, execute, acknowledge and deliver all contracts, sales agreements, brokerage agreements, amendments, bills of sale, assignments, deeds, leases, mortgages, notes, security agreements, checks, drafts, guarantees, extensions, satisfactions, releases, waivers, consents, affidavits, closing documents, and any other agreements, writings and instruments of any nature affecting the property, as my attorney-in-fact may deem necessary or appropriate; to prosecute, defend, intervene in, arbitrate, appeal, compromise, settle and otherwise deal with any claim, action or proceeding in connection with the property or the sale thereof; to do, execute, perform and finish for me and in my name all things which my attorney-in-fact shall deem necessary or appropriate in connection with the sale of the property.

This power of attorney, however, shall terminate on September 28, 2019.

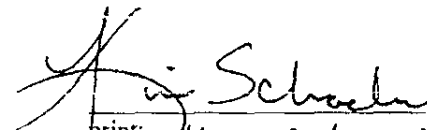
This power of attorney shall be governed by Florida law, although I request that it be honored in any state or other location in which I or my property may be found. If any provisions hereof shall be unenforceable or invalid, such unenforceability or invalidity shall not affect the remaining provisions of this power of attorney.

IN WITNESS WHEREOF, I have executed this power of attorney this 28th day of September, 2017.


Trino Flores-Bano


We, the undersigned, each being over 18 years of age, hereby witness the signing of the above power of attorney by Trino Flores-Bano, known to us to be the person who signed the above power of attorney as principal, at the request of and in the presence of the principal and in the presence of each other on the day and year set forth above. We believe that the principal is of sound mind, that he had the opportunity to read the power of attorney and that he signed the above power of attorney as his free and voluntary act and deed, free of duress, fraud or undue influence, for the purposes therein expressed. None of us is related to the principal by blood, marriage or

adoption, and to the best our knowledge none of us is entitled to any portion of the estate of the principal upon the death of the principal under any will or codicil or by operation of law. We certify the foregoing under penalty of perjury under the laws of Florida.


print: Kim Schroeder

residing at

8285 Navarre Parkway
Navarre, Florida 32566


print: Robert G. Colon

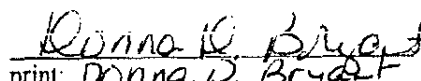
residing at

8285 Navarre Parkway
Navarre, Florida 32566

STATE OF FLORIDA, COUNTY OF OKALOOSA COUNTY, ss.

The foregoing instrument was acknowledged before me on the 28th day of September, 2017, by Trino Flores-Bano.




print: Donna D. Bryant
Notary Public
My commission expires on

☐ Personally Known OR ☒ Produced Identification
Type of Identification Produced: ☐ Passport ☐ State Driver's License
☒ Other: Okaloosa County Florida Identification Badge