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(ÄLLAINASSEE STERRIDA

C. GOLDEN: SEP 1 3 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KING'S MARBLE	E AND TILE, INC.			
DOCUMENT NUME	P15000056655				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma-	tter to the following:			
	JOHNNY REYES				
		Name of Contact Person	1		
	KING'S MARBLE AND TILE, INC.				
		Firm/ Company	F 855		
	195 SIERRA DRIVE				
	· · · · · · · · · · · · · · · · · · ·	Address			
	MIAMI, FL 33179				
		City/ State and Zip Cod	e		
iohun	yalldrin@gmail.com				
		sed for future annual report	notification)		
	13 man address, (to be di	red for fatare annual report	nonneumon,		
For further information	n concerning this matter, pleas	se call:			
JOHNNY REYES		at (<u></u>	213-7979		
Name o	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐S43.75 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 Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

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2017 SEP - 7 PH 1: 24

(Name of Corpora	ion as currently filed with the Florida Dept. of State)
P15000056655	MALLEMAGSEE, FLORIU
(Doct	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Flori its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation of "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicab	e;
(Principal office address <u>MUST BE A STREET AL</u>	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u></u>
D. If amending the registered agent and/or regist	ered office address in Florida, enter the name of the
new registered agent and/or the new registere	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (Civ) (Zip Code)
	(0.9)
New Registered Agent's Signature, if changing R	gistered 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 Doc 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	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	S	DANIEL J MARAIMA FUENTS	2834 MAYO ST		
X Add			HOLLYWOOD, FL 33020		
Remove					
2) Change					
Add					
Remove					
3) Change	_				
Add					
Remove					
4) Change		_	_		
Add					
Remove					
5) Change					
Add					
Remove					
6) Change			<u> </u>		
Add					
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	
.	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	SEPTEMBER 5, 2017	
The date of each amendmen		, if other than the
date this document was signed		
Effective date if applicable:	SEPTEMBER 5, 2017	
_	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
	5/2017	
Dated		
Signature M	Janese Commission of the second	
() S	y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	JOHNNY REYES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	