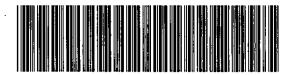
(Re	equestor's Name)	
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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MMA MAR	RBLE AND GRANITE INC				
DOCUMENT NUMBER: P15000084127					
The enclosed Articles of Amendment and fee	e are submitted for filing.				
Please return all correspondence concerning	this matter to the following:				
MICHELLY PASSOS	S				
	Name of Contact Person				
CAMPANA GROUPS	CAMPANA GROUPS INC				
	Firm/ Company				
1761 W. HILSBORO	BLVD SUITE 324				
-	Address				
DEERFIELD BEACH, FLORIDA 33442					
	City/ State and Zip Code				
MICHELLY@CAMPANA	GROUPS.COM				
	to be used for future annual report notification)				
	·				
For further information concerning this matter	er, please call:				
MICHELLY PASSOS	• at () 228-0706				
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 S43.75 Filing For Certificate of S	5				
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 17 JAN -6 AH 10: 31

## MMA MARBLE AND GRANITE INC

MMA MARBLE AND GRANITE INC	em en a la l
(Name of Corporation a	as currently filed with the Florida Dept. of State)
P15000084127	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statista Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
•	The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	corporation," "company," or "incorporated" or the abbreviation 'Inc," or "Co". A professional corporation name must contain the previation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>(SS</u> )
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, ontar the name of the
new registered agent and/or the new registered offi	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accept the obligations of the position.
<u> </u>	
Signatur	re 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	PT	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	nes		
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	MNG		MELISSA M. OLIVEIRA	•	3410 W. HILLSBORO BLVD
X Add					APT 201
Remove					COCONUT CREEK, FL 33073
2) Change		<del></del>			
Add					
Remove					
3 ) Change			·		
Add					
Remove					
4) Change		_			
Add			•		
Remove				٠	
5) Change		<del></del>			
Add					
Remove					<u> </u>
6) Change					
		_			
Add					
Remove					

	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
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		ange, reclassifica	ation, or cancellati	on of issued shares	
an amendment p	ovides for an exch				
provisions for imp	rovides for an exch lementing the ame	ndment if not co	ntained in the ame	<u>ndment itself:</u>	
provisions for imp	rovides for an exch lementing the amer le, indicate N/A)	ndment if not co	ntained in the ame	ndment itself:	
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provisions for imp	lementing the ame	ndment if not co	ntained in the ame	ndment itself:	

The date of each amendment(s) adout	12/21/2016	مراه سرواه سرواه ک
The date of each amendment(s) adoption date this document was signed.	on:	_, it other than the
Effective date if applicable:		
<del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date will nent of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ant for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated		
Signature <b>MA</b> AA	ONDE M. DINIA	
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	<del>-</del>
MAI	RCONDE OLIVEIRA	
	(Typed or printed name of person signing)	
PRE	SIDENT	
	(Title of person signing)	