P15000101220

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COVER LETTER.

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: US GRANITE SO	LUTIONS INC		: التيس
DOCUMENT NUM	P15000101220			o∵ —
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	MARIBEL A ALGOOD			,
		Name of Contact Perso	on	
	US GRANITE SOLUTIONS	INC		
		Firm/ Company		
	4802 N COOLIDGE AVE U	NIT E		
		Address		
	TAMPA FL 33614			
	•	City/ State and Zip Co	de	
MA	RIBELALGOOD4@GMAIL.C	COM		
	-	sed for future annual repor	t notification)	_
		·		
For further information	on concerning this matter, pleas	se call:		
MARIBEL A ALG	OOD	at (727	798-8887	
Name	of Contact Person		ode & Daytime Telephone N	umber
Enclosed is a check f	or the following amount made	payable to the Florida Dep	partment 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)	
	ailing Address		t Address	
	nendment Section	Amendment Section		
	vision of Corporations		ion of Corporations in Building	
), Box 6327 Nahassee, FL 32314		n Bunding Executive Center Circle	
	· · · · · · · · · · · · · · · · · · ·			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

US GRANITE SOLUTIONS INC

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dep	ot. of State) 🦟 🏻 💆
P15000101220			
	(Document Number	of Corporation (if known)	· 3 ·
Pursuant to the provisions of section 607 ts Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation a	idopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		•
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpor	orated" or the abbreviation
Finter new principal office address	if annlicable:	MARIBEL A ALGOOD	
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		4802 N COOLIDGE AVE	E UNIT E
		TAMPA FL 33614	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4802 N COOLIDGE AVI	E UNIT E
		TAMPA FL 33614	
D. If amending the registered agent ar new registered agent and/or the ne	w registered office addre	88:	me of the
Name of New Registered Agent	MARIBEL A ALGOOD		
	4802 N COOLIDGE AV	E UNIT E	
	·	treet address)	
			33614
New Registered Office Address:	TAMPA	(City)	_, Florida

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.

Mike Jones, v. as Kemove	r, ana sai	ty Smun, Sv as an Aad.	
Example: <u>X</u> Change	<u>h.l.</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>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding addition (Attach additional sheets, if nece	
NEW PERCENTAGE FOR SHAR	EHOLDERS
MARIBEL A ALGOOD	90% OWNER SHAREHOLDER
BLANCA A CHANTO	10% OWNER SHAREHOLDER
1	
	· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for	an exchange, reclassification, or cancellation of issued shares,
<u>provisions for implementing</u> (if not applicable, indicate	the amendment if not contained in the amendment itself: $N\!/A$)
	, <u></u> , <u></u> ,

(The date of each amendment(s) adoption: _	05/01/2019	, if other that
date this document was signed.		If Other than
05/01/2019		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date woof State's records.	fill not be listed a
Adoption of Amendment(s) (C	CHECK ONE)	
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendment(s) r approval.	
	the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the am	nendment(s) was/were sufficient for approval	
by	oting group)	
(v	coting group)	
☐ The amendment(s) was/were adopted by th action was not required.	te board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by th action was not required.	ne incorporators without shareholder action and shareholder	
MAYO 01,2019		
Dated	<u>, , , , , , , , , , , , , , , , , , , </u>	
Signature	<i>i </i>	
(Bý a director, pre	esident or other officer - if directors or officers have not been	
sélected, by an in-	corporator – if in the hands of a receiver, trustee, or other court	
appointed fiducia	ry by that fiduciary)	
MARIBE	EL A ALGOOD	
	(Typed or printed name of person signing)	
PRESIDE	ENT	
	(Title of person signing)	