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Help

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, 11, 32314

COVER LETTER

Division of Corp	porations		
NAME OF CORPO	RATION: MGL GRANITE	& FLOORING INC	
DOCUMENT NUM	BER: P16000010732		
The enclosed Articles	of Amendment and fee are s	ubmitted for filling.	
Please return all corre	spondence concerning this ma	atter to the following:	
	DAROSA, MARCOS		
		Name of Contact Perso	n
		Firm/ Company	
	13141 CARROLLWOOD C	REEK DR	
	TAMPA, FL 33624	Address	
		City/ State and Zip Cod	<u> </u>
	1:-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
DAROSA, MARCOS		at (813	dc & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
finclosed is a check to	r the following amount made	payable to the Florida Dep	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)
<u>Mai</u>	ling Address	Street	Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahussee, FL 32301

DDS TAX SERVICE

FILED 20003/0008

18 JUL 10 AM 6: 18

Articles of Amendment to Articles of Incorporation of

SEMEN MINICIALE TALLA A FILLANDA

MGL GRANITE & FLOORING INC			
(Name of Corporation as current	ly filed with the Florida Dept, of State)		
P16000010732			
(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. Hamending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	Co. A professional cornoration name must contain the		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</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 new registered agent and/or the new registered office address	ress in Florida, enter the name of the		
Name of New Registered Agent			
(Florida xer	reel address)		
New Registered Office Address:	Florida		
	(City) (Lip Code)		
New Registered Agent's Signature, if changing Registered Agent I lim familiar value of the appointment as registered agent. I am familiar value of the appointment as registered agent.	<u>:</u> with and accept the obligations of the position.		
Signature of New R	legistered 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 Doc	
X Remove	<u>v</u>	Mike lones	
X Add	<u>\$v</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	Fernandes Percini, Eduardo M	12318 Hidden Brook Dr
X Remove			Tampsi, FL 33624
2) Change	8	DE ALMEIDA RICARDO, Sulvador	2104 Two Lakes Dr
XAdd			Apt 1M6
Remove			Tampa FL 33604
3.) Change			
Add			
Ramove			
4) Change			
Add			
Remove			
ال Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

	. (Be specific)				
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nn amendment provides for an excl revisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificat andment if not cont	ion, or cancellate ained in the ame	an of issued ch adment itself:	ures.	
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A DESCRIPTION OF THE PROPERTY	nange, reclassificat ndment if not cont	ign, or cancellati ained in the ame	on of issued sha adment itself:	ıres,	_
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nn amendment provides for an excl ryvisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificat indment if not cont	ion, or cancellati	on of issued sha adment itself:	ires.	

The date of each amendment(s) a date this document was signed.	doption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this I document's effective date on the Do	clock does not meet the applicable statutory filing requirements, this date will not be fisted us the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were so	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.
☐ The amendment(s) was/were approvided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cust	for the umendment(s) was/were sufficient for approval
by	(valing group)
	(voling group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adoraction was not required.	nted by the incorporators without shareholder action and shareholder
07/09/2018 Dated	
Signature /	1.12
/ Scruce	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court id fiduciary by that fiduciary)
	Marco Dalkosa
-	(Typed or printed name of person signing)
	President
-	(Title of person signing)