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(Re	questor's Name)	
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(Do	ocument Number)	
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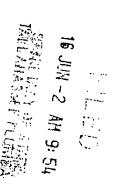
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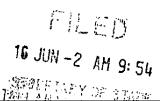
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: OMC GRANITE &	& CABINETS INC		
DOCUMENT NUMBE	CR: P16000041188			
	f Amendment and fee are su	bmitted for filing.		
Please return all correspondent	ondence concerning this ma	tter to the following:		
L	EOVEL ELLEDIAS			
		Name of Contact Persor	1	
O	MC GRANITE & CABINE	ETS INC		
_		Firm/ Company		
5295 PHILLIPS HWY				
_		Address		
J	ACKSONVILLE FL 32207			
_		City/ State and Zip Code	e	
OMCG	RANITE@YAHOO.COM			
	-	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
LEOVEL ELLEDIAS		at (904	647-7139	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	the following amount made	payable to the Florida Depa	artment of State:	
S35 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



OMC GRANITE & CABINETS INC

(Name o	of Corporation as currently	filed with the Florida Dept. of State)
P16000041188		
	(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
	ation "Corp," "Inc," or "C	The new "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the .A."
B. Enter new principal office address, if applicable:		THE SAME
(Principal office address MUST BE A S		
C. Enter new mailing address, if appli	cable:	THE SAME
(Mailing address MAY BE A POST	OFFICE BOX	THE SAME
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the
	LIBERTAD RODRIGUEZ	
Name of New Registered Agent	6749 SNOW WHITE DR	
	(Florida street	at addrago)
	JACKSONVILLE	32210
New Registered Office Address:		, Florida
	,	(a p a y
New Registered Agent's Signature, if c	hanging Registered Agent:	
I hereby accept the appointment as regist	tered agent. I am familiar w	ith and accept the obligations of the position.
	Signature of New Re	gistered 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	<u>PT</u>	John Do	<u>ne</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	P	_	ONALBER MIR-TOPPE	4410 TURNER AVE
Add X Remove				JAX FL 32207
2) X Change	D		LEOVEL ELLEDIAS-RODRIGUEZ	3864 ABBY LN
Add				JAX FL 32207
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	•	_		
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amenument usen;
	· · · · · · · · · · · · · · · · · · ·

•	05/27/2016	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
	/2016	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the afficient for approval.	mendment(s)
	roved by the shareholders through voting groups. The followeach voting group entitled to vote separately on the amendm	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
action was not required.	oted by the board of directors without shareholder action and oted by the incorporators without shareholder action and shareholder action actio	
action was not required.		
05/27/2016		
DatedSignature		
(By a di	rector, president or other officer – if directors or officers have	ve not been
	l, by an incorporator – if in the hands of a receiver, trustee, of	
	ed fiduciary by that fiduciary)	
**		
	hoested Rodniquez	
	(Typed or printed name of person signing)	
	Incorporator & Acres	-
	(Title of person signing)	
	(