P16000054854

(R	equestor's Name)	······································		
(Á	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(В	usiness Entity Name)			
(D	ocument Number)			
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CALCHETARY OF STATE

AUG 3 0 2016

C. CARROTIERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CABINETS & GR	ANITE SOLUTIONS INC	
DOCUMENT NUM	D14000054954		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	PEDRO CHAMIZO		
		Name of Contact Person	1
	CABINETS & GRANITE SO	OLUTIONS INC	
		Firm/ Company	
	8501 PINEWOOD ST		
		Address	
	TAMPA, FL 33615		
		City/ State and Zip Cod	e
PEDI	ROPR98@YAHOO.COM		
	_	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	644-1110
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		•
\$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)
Amo Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

CABINETS & GRANITE SOLUTIONS INC

(Name of Corporation	as currently filed with the Florida Dept. of State)			
P16000054854				
(Documen	nt Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the foll	owing ame	ndment	(s) t
A. If amending name, enter the new name of the corp	oration:			
	<u></u>			
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abo	"Inc," or "Co". A professional corporation name n	he abbrevi		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)		_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		78 GS	123	
		ASS.	£ AUG 22	Ĩ.
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		DE STA ELELOX	e Se	Track to the state of
Name of New Registered Agent			7 (
	(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 at		ion.		
Signatu	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.

Example: X Change	PT	John Doe		
X Remove	<u>y</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	VP	FIDEL SANTOYO	6404 REGATTA CT	
Add X Remove			TAMPA FL 33634	
2) Change	-			
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	_			
Add				
Remove				
6) Change				
Add				
Remove				

	dding additional Art l sheets, if necessary).	(Be specific)			
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-					
					
					
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			· 		·
					•
					
			ion, or cancellation	i of issued shares,	
an amendment	t provides for an exch	ndment if not cont	ained in the emen	lmont itself:	
<u>provisions for in</u>	mplementing the ame	ndment if not cont	ained in the amend	lment itself:	
<u>provisions for in</u>	t provides for an exchangementing the ame cable, indicate N/A)	namee, recrassificat ndment if not cont	ained in the amend	lment itself:	
<u>provisions for in</u>	mplementing the ame	nange, recrassificate	ained in the amend	lment itself:	
<u>provisions for in</u>	mplementing the ame	nange, recrassificat	ained in the amend	lment itself:	
<u>provisions for in</u>	mplementing the ame	nange, recrassificat	ained in the amend	lment itself:	
<u>provisions for in</u>	mplementing the ame	nange, recrassificat	ained in the amend	lment itself:	
<u>provisions for in</u>	mplementing the ame	nange, recrassificat	ained in the amend	lment itself:	
<u>provisions for in</u>	mplementing the ame	nange, recrassificat	ained in the amend	lment itself:	
<u>provisions for in</u>	mplementing the ame	nange, recrassificat	ained in the amend	lment itself:	
<u>provisions for in</u>	mplementing the ame	nange, recrassificat	ained in the amend	lment itself:	
<u>provisions for in</u>	mplementing the ame	nange, recrassificat	ained in the amend	lment itself:	
<u>provisions for in</u>	mplementing the ame	nange, recrassificat	ained in the amend	lment itself:	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
· · · · · · · · · · · · · · · · · · ·	,
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
PEDRO CHAMIZO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	