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COVER LETTER

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TO: Amendment Section Division of Corporations

ř

NAME OF CORPC	DRATION: Empire Stone and	d Cabinets Corp	
DOCUMENT NUM	IBER:		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Odalis Padron		
	···	Name of Contact Person	1
	Empire Stone and Cabinet	s Corp	
		Firm/ Company	
•	720 West 27th Street		
		Address	
	Hialeah, FL 33010		
		City/ State and Zip Code	c
oda	lis@empirestoneandcabinet	s.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:at (、885-7092
Name	of Contact Person		de & Daytime Telephone Number
	for the following amount made		
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)
Ar Di P.C	neiling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

Empire Stone and Cabinets Corp

(Nama		ly filed with the Florida Do	ent of State)	
P16000066215	or Confination as current	TY THE WITH THE PROPERTY	the or trace	
	(Document Number of	of Corporation (if known)		·
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following an	nendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A	-		TL	e 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 corp	rporated" or the abbre	eviation
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address <u>MUST BE A S</u>				
		-		
C. Enter new mailing address, if appl		N/A		
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)			
D. If amending the registered agent ar new registered agent and/or the ne			ame of the	
Name of New Registered Agent	N/A			
<u>isame of sew Registerea Agent</u>	N/A			
		reet address)		
	·	, con and , con ,		
New Registered Office Address;		(City)	, Florida (Zip Code	
		(5)		,
			374.	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regis.	tered agent I am familiar	with and accept the obligati		FILED
	Signature of Nace	Registered Agent, if changin		111
	signature of New .	negaterea agent, ij enangtit	s sing in	O
			Si A w	

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 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	<u>V</u>	Nicole Granadillo	2001 SW 152nd Terr
X Add			Miramar, FL 33027
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	 _
	<u> </u>
	_
	
E. If an annual manifest for an archange male wifestion or annual stim of insued shares	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	
	<u>.</u>

. 0	8/20/2018	
The date of each amendment(s) adoption:		, if other than th
date this document was signed.		
08/20/2018 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 o	not meet the applicable statutory filing requirement f State's records.	ats, this date will not be listed as th
Adoption of Amendment(s) (Cl	HECK ONE)	
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the am approval.	endment(s)
	he shareholders through voting groups. <i>The following group entitled to vote separately on the amendme</i>	
"The number of votes east for the amo	endment(s) was/were sufficient for approval	
hy	oting group)	
(ve	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and share	holder
August 20, 2018 Dated		
Signature Rall		
(By a director, pre	sident or other officer - if directors or officers have	not been
	corporator – if in the hands of a receiver, trustee, or y by that fiduciary)	other court
Ralph J G	Granadillo	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	