# P17000010867

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del> </del>
·	·	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400308299114

02/05/18--01019--027 \*\*43.75

2018 FEB - 5 PH 44 14

FEB 0 6 2018 C McNAIR

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Please return all correspondence concerning this matter to the following:    Jose Cortez Zacarias	NAME OF CORPORATI	ON: CLASSIC GRAIN	THE AND THE CORP	<del> </del>			
Please return all correspondence concerning this matter to the following:    Jose Cortez Zacarias	DOCUMENT NUMBER:	P17000010867					
Name of Contact Person	The enclosed Articles of Ar	nendment and fee are su	bmitted for filing.				
Name of Contact Person  CLASSIC GRANITE AND TILE CORP  Firm/ Company  109 Gothan Dr  Address  Fort Pierce F1 34946  City/ State and Zip Code  j_958@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jose Cortez  Name of Contact Person  at (772 ) 332-5536  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status  Certificate Opy  Certificate of Status	Please return all correspond	ence concerning this ma	tter to the following:				
CLASSIC GRANITE AND TILE CORP  Firm/ Company  109 Gothan Dr  Address  Fort Pierce F1 34946  City/ State and Zip Code  j_958@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jose Cortez  at (772  ) 332-5536  Name of Contact Person	Jos	e Cortez Zacarias					
Firm/ Company  109 Gothan Dr  Address  Fort Pierce F1 34946  City/ State and Zip Code  j_958@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jose Cortez  at (772 ) 332-5536  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status  Certificate of Status  Certificate Of Status			Name of Contact Person	1			
Address  Fort Pierce F1 34946  City/ State and Zip Code  j_958@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jose Cortez  at (772 ) 332-5536  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status  Certificate of Status  Certificate Of Status	CL						
Address  Fort Pierce F1 34946  City/ State and Zip Code  j_958@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jose Cortez  at (772 ) 332-5536  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status  Certificate of Status  Certificate Of Status			Firm/ Company	<del></del>			
Fort Pierce Fl 34946   City/ State and Zip Code   j_958@hotmail.com   E-mail address: (to be used for future annual report notification)	109	Gothan Dr	, ,				
City/ State and Zip Code  j_958@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jose Cortez  at (772 ) 332-5536  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status  Certified Copy  Certificate of Status			Address	<del>.</del>			
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jose Cortez.  at (772 332-5536  Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Fort	Pierce Fl 34946					
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jose Cortez  at (772 ) 332-5536  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status	<del></del>		City/ State and Zip Code	e			
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jose Cortez  at (772 ) 332-5536  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status	i 958@ho	tmail com					
For further information concerning this matter, please call:  Jose Cortez  at (772 ) 332-5536  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee \$ \$43.75 Filing Fee & \$ \$43.75 Filing Fee & \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	•= =		sed for future annual report	notification)			
Jose Cortez  at (772 ) 332-5536  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee \$\Begin{array}{c} \$43.75 Filing Fee & \Begin{array}{c} \$Certificate of Status \end{array}\$ Certificate of Status							
Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee  \$43.75 Filing Fee & \$\Begin{array}{c} \$43.75 Filing Fee & \$\Beta\$ Certificate of Status  \$35 Certificate of Status	For further information con	cerning this matter, pleas	se call:				
Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{align*} \Pistsup \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Jose Cortez		at ( <sup>772</sup>	332-5536			
□ \$35 Filing Fee	Name of Contact Person		Area Co	de & Daytime Telephone Number			
Certificate of Status Certified Copy Certificate of Status	Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:			
enclosed) (Additional Copy is enclosed)	□ \$35 Filing Fee		Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy			
Mailing Address Street Address							
Amendment Section Amendment Section  Division of Corporations Division of Corporations	Amendment Section		Amendment Section Division of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Markey Sophic

### Articles of Amendment

## to Articles of Incorporation

of

#### CLASSIC GRANITE AND TILE CORP

( <u>Name of Corporation as currently I</u>	iled with the Florida Dept. of State)
P17000010867	F.
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $Fl$ its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  formume must be distinguishable and contain the word "corporation."	The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword" "Corp." abbreviation "P".	)". A professional corporation name must contain, the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	n/a
D. If amending the registered agent and/or registered office addres new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	NA
(Florida street	address)
New Registered Office Address:(C	ity)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
	N/A
Signature of New Reg	istered 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>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	v		KELIN O HERNANDEZ VASQUEZ	109 Gotham Dr
x Add				Fort Pierce FI 34946
Remove				
2) Change				<del></del>
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add		_ <del>_</del>		
Remove				

Attach additional sheets, if necessary).	(Be specific)	
	<del></del>	
	<u> </u>	
<del></del>		·
f an amendment provides for an exc	hange, reclassification, or cancellation of issued sha	res,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
		<del></del>
	NIII	
	<u> </u>	
		<del></del>

The date of each amendment(s) adoption:	01-30-2018	if other than the
date this document was signed.		
Effective date if applicable:		<del></del>
(no	more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not me document's effective date on the Department of State's	et the applicable statutory filing requirements, this date was records.	ill not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approx	holders. The number of votes cast for the amendment(s) val.	
	eholders through voting groups. The following statement p entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendmen	nt(s) was/were sufficient for approval	
by	·	
tvoting gr	roup)	
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action and shareholder	
Dated01-30 -	2019	
Signature (By a director, president of selected, by an incorpora appointed fiduciary by the	or other officer – if directors or officers have not been utor – if in the hands of a receiver, trustee, or other court hat fiduciary)	
TO (Type	SE CONTEZ ZACANIA d or printed name of person signing)	7_
Pr	(Title of person signing)	<u>_</u>