P170000 36565

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: UNICO KITCHEN	DREAM, CORP. ————————————————————————————————————	
DOCUMENT NUMBER: P17000036565		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
JULIANA FASSARELLA		
	Name of Contact Person	1
	Firm/ Company	
8254 SEVERN DRIVE UNI	ТC	
	Address	
BOCA RATON, FL 33433		
	City/ State and Zip Code	
MICHELLE@BOCARATONACO	COUNTING.BIZ	
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
MICHELLE DEMARIE	at (561	405-1465
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	urtment of State:
\$35 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 xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

of UNICO KITCHEN DREAM, CORP.

UNICO KITCHEN DREAM, CORP.	St. 1) Doct of State)			
(Name of Corporation as current)	y filed with the Florida Dept. of State)			
P17000036565				
(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. If amending name, enter the new name of the corporation:				
UNICO GRANITE AND MARBLE SUPPLIER, INC.	The new			
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	"P.A."			
B. Enter new principal office address, if applicable:	8254 SEVERN DRIVE UNIT C			
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33433			
C. Enter new mailing address, if applicable:	8254 SEVERN DRIVE UNIT C			
(Mailing address MAY BE A POST OFFICE BOX)	8254 SEVERN DRIVE GIVIT C			
	BOCA RATON, FL 33433			
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	dress in Florida, enter the name of the ss:			
(Florida :	treet address)			
	. Florida			
New Registered Office Address:	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia Signature of New	**Kegistered 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 D	<u>oc</u>	
X Remove	Y	Mike Jo	ones	
X Add	<u>\$V</u>	Sally S	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1)Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

tach additional sheets, if necessa	Articles, enter ch ary). (Be specific)			
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an amendment provides for a	n exchange, reclas	sification, or car	rcellation of issue	ed shares.	
provisions for implementing the (if not applicable, indicate N	<u>e amendment it no</u> //A)	ot contained in tr	<u>ie amenomeni iu</u>	<u>seit:</u>	
(9	,				
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			-		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 da document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s by the shareholders was/were sufficient for approval.	3)
The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	rnt
"The number of votes east 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 shareholder action was not required.	er
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
07/05/2018 Dated	
Signature regions Formano Qua	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other cour appointed fiduciary by that fiduciary)	1
JULIANA FASSARELLA	
(Typed or printed name of person signing)	
Secretary (Title of person signing)	
(Title of person signing)	