P17000037387

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COVER LETTER

Division of Corporations NAME OF CORPORATION: R+ E Stone Inc P17000037.387 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Evaldo Hachado Da Silva Name of Contact Person R-1E Stone Inc Firm/Company 75# Avenue #7 St. Petersburg Fl 33702 E-mail address: (to be used for future-annual report notification) For further information concerning this matter, please call: at (727) 420 - 6902

Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)
P1700003738	7
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>E</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	TAL TAL
	N. Z
C. Enter new mailing address, if applicable:	Sinta P⊋
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u> </u>
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent 6190 K - (rnang
4735 6/ST	Way N.
(Florida stre New Registered Office Address: Kenneth Co	Florida 33709
New Registered Office Address. 1 Parties (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.	ith and accept the obligations of the position.
Viae & Ch	(ac)
Signature of New Re	gistered Agent, if changing
	\mathscr{V}

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			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name		Address	
1) Change		<u> 010</u>	ga R. Chang	 4735 61ST Way N Kenneth City FC 337	
X Add				Kenneth City FC 337	0
Remove					
2) Change				 	
Add					
Remove				 	
3) Change				 	
Add					
Remove					
4) Change				 	
Add					
Remove					
5) Change		-		 	
Add				- -	
Remove					
6) Change					
Add					
Remove					

-	(Be specific)
<u></u>	
	<u> </u>
If an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exc provisions for implementing the amo (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the amo	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	5-13-2019	
	5-13-2019 (no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendm ifficient for approval.	ieni(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	· ·	
···	(voting group)	
	opted by the board of directors without shareholder action and sharel	nolder
☑ The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder	r
Dated =	5-13-2019	
	26 m ob 5/	
Signature Alica di	irector, president or other officer – if directors or officers have not b	
	d, by an incorporator – if in the hands of a receiver, trustee, or other	
	ted fiduciary by that (iduciary)	
	EUALDO Hachado DA Silva	
	(Typed or printed name of person signing)	
	President (Title of person signing)	
	(Title of person signing)	<u> </u>

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