P17000051518

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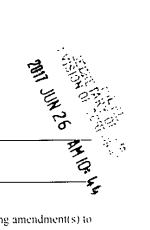
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Lia's Marble and G	ranite Inc		
DOCUMENT NUMB	P17000031519			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Alberto Nunez Medina			
		Name of Concact Person	1	
	Lia's Marble and Granite Inc			
		Firm/ Company	.	
	6212 Beacon Isles Dr			
		Address		
	Tampa, FL 33615			
	-	City/ State and Zip Cod	c	
ezne	20605707@moil.o.m			
1000/0	\$0605707@gmail.com	sed for future annual report	notification)	
For further information	n concerning this matter, pleas		763-4365	
Name of Contact Person		at (Area Co	de & Duytime Telephone Number	
	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	Amenc Divisio Clittor 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assec. FL 32301	

BIT JER 26 HI LOT LE

Articles of Amendment to Articles of Incorporation of



Lia's Marble and Granite Inc

(<u>Name of C</u>)	orporation as curren	tly filed with the Florida Dept. of State)
P17000051518		<u>ت</u>
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1000 its Articles of Incorporation:	6, Florida Statutes, thi	s 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 "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association	n "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if ap		6212 Beacon Isles Dr
(Principal office address <u>MUST BE A STRE</u>		Tampa, FL 33615
2. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		6212 Beacon Isles Dr
		Tampa, FL 33615
 If amending the registered agent and/or new registered agent and/or the new re 	r registered office ad gistered office addre	dress in Florida, enter the name of the ss;
	berto Nunez Medina	_
	12 Beacon Isles Dr	
		street address)
62		(Cuv) (Zip Code)

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	\underline{PT}	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>8V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	P	Alberto Nunez Medina	6212 Beacon Isles Dr	
Add			Tampa, FL 33615	
Remove				
2) Change				
Add				
Remove				
3.) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
				
6) Change		_		
Add				
Remove				

Attach <i>additional</i> :	sheets, if necessary)	i. (Be specific)			
 					
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		- 1 1 to - 1 to			
					
				<u> </u>	
	-				
					
				.	
					
<u>f an amendment</u> provisions for in	provides for an exc oplementing the an	<u>change, reclassific</u>	ation, or cancellat	tion of issued share: endment itself:	<u>z.</u>
(if not applied	uble, indicate N/A)	<u> </u>		<u> </u>	
					
					
					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (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) (CHECK ONE)	
■ 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.	;)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	۲r
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated $O6/20/17$	
Signature / TE	
(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)	
Alberto Nunez Medina	
(Typed or printed name of person signing)	
President	
(Title of person signing)	