P17000065276

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: HOME REMODE	LING & GRANITE USA,	INC.
DOCUMENT NUM	P17000065276		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	WILLIAM ARANDA		
		Name of Contact Person	1
		Firm/ Company	
	5889 S WILLIAMSON BLV	D. STE 1415	
		Address	
	PORT ORANGE, FL 32128		
		City/ State and Zip Cod	e
For further informatio	E-mail address; (to be us n concerning this matter, pleas	sed for future annual report se call:	notification)
WILLIAM ARANDA		386 at (de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State;
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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 2661 E	Address Iment Section on of Corporations Building Executive Center Circle tassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HOME REMODELING & GRANITE USA, INC.

(Name of Corporation as c	currently filed with the Florida Dept. of State)
P17000065276	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statut ts Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ition:
	The new
name must be distinguishable and contain the word "cor". "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc vord "chartered," "professional association," or the abbres	rporation," "company," or "incorporated" or the abbreviation e.," or "Co". A professional corporation name must contain the viation "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	The state of the s
Trincipal affice address <u>prest by A STREET ADDRESS</u>	
	5 T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	The Part of the Pa
	5. 5.
 If amending the registered agent and/or registered off new registered agent and/or the new registered office 	
Name of New Registered Agent	
· · · · · · · · · · · · · · · · · · ·	lorida streci address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	d Agent:
hereby accept the appointment as registered agent. I am fe	amiliar with and accept the obligations of the position.
Signature o	of New Registered 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: \underline{X} Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV.</u>	Şally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
I) Change	V_	WILLIAM ARANDA	5889 S WILLIAMSON BLVD.#1415
XAdd			PORT ORANGE, FL 32128
Remove			
2) Change			
Add			
Remove			
3) Change	_ .		
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attac	ending or adding A additional shee	ts. if necessary).	(Be specific)				
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	<u>.</u>		· · · ·				_
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if an	amendment pro	vides for an evel	hanao roelascifi	estion or cancel	latian of isomed s	harac	
prov	visions for imple	menting the ame	endment if not co	ontained in the a	mendment itself	:	
	(if not applicable	, indicate N/A)		-	•	_	
			-				
							
						10	
		·-·					
							_

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
08/09/2017 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 statetory filing requirements, this da document's effective date on the Department of State's records	to 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.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements he separately provided for each voting group entitled to vote separately on the amendment(s):	ini ,
"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. □ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 	:r
Dated 08 / 10 / 17	
Signature	
(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)	•
CRISTIAN JAVIER NAVARRETE CORTES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	