P1700067692

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SUPERIOR GRAI	NITE & PAINTING INC		
DOCUMENT NUM	P17000067692	·		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	DAIRON CARCACES			
		Name of Contact Person	1	
	SUPERIOR GRANITE & PAINTING INC			
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
	5466 PENTAIL CIRCLE			
		Address	· - · · · · · · · · · · · · · · · · · ·	
	TAMPA FL 33625			
		City/ State and Zip Cod	· ·	
SUP	ERIOR.REMODOLINGINC@	∂GMAHCOM	✓	
		sed for future annual report	•	
For further informatic	on concerning this matter, pleases	se call: at (_813	3608838	
Name of Contact Person		at (Area Co	3608838 de & Daytime Telephone Number	
	or 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)	
Mailing Address			Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clitton Building		
Tallahassee, F1, 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SUPERIOR GRANITE & PAINTING INC

/Name of Corporation as a	currently filed with the Florida Dept. of State)
P17000067692	turing and the region of the r
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ution:
SUPERIOR QUALITY REMODELING INC	The new
	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	0 7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office	
Name of New Registered Agent	
\overline{t}	lorida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	
Signature	of New Registered Agent if champing

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Т	DANIEL CORREA ESCOBAR	5466 PENTAIL CIR
X Add			TAMPA, FL 33625-1916
Remove			
2) Change			
Add			
Remove			•
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
PLEASE UPDATE ADDRESS TO 5466 PENTAIL CIRCLE TAMPA FL 33625
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) addate this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as it partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were addaction was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado	pted by the incorporators without shareholder action and shareholder
action was not required.	ſ
Dated //	27/2017
Dated 1/1-5	
Signature	
(By ad	irector, president or other officer – if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court
арроіп	led fiduciary by that fiduciary)
	Dairon Carcaces
	(Typed or printed name of person signing)
	President
	(Title of person signing)