P1800010978

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: STONE QUALITY GRANITE, CORP P18000010978 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **GLAUCIA BASTOS** Name of Contact Person TRUST CIRCLE SERVICES, LLC Firm/ Company 1001 EAST SAPLE ROAD 10E Address POMPANO BEACH FLORIDA 33064 City/ State and Zip Code ATENDIMENTO@THETRUSTCIRCLE.INFO E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; **GLAUCIA BASTOS** Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filling Fee & □\$43.75 Filling Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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STONE QUALITY GRANITE, CORP

(<u>Name of Corporation as currently</u> P18000010978	v filed with the Florida Dept. of State 1. CHE ARY OF ST. IALLAHASSEE, 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)
A. If amending name, enter the new name of the corporation:	
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 "	Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar w	i with and accept the obligations of the position.
Signature of New R	egistered 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; \hat{V} = Vice President; \hat{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 Doe	
X Remove	<u>Y</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
X Change	Р	FABIANO CARRIJO	210 174TH STREET
Add			SUITE 419
Remove			SUNNY ISLES, FL 33160
2) Change	Р	DANIEL OLIVEIRA	210 174TH STREET
Add			SUITE 419
X Remove			SUNNY ISLES, FL 33160
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change		_	
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Remove			
6) Change			
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f an amendment provides for an exchange provisions for implementing the amendme (if not applicable, indicate NA)	, reclassification, o nt if not contained	r cancellation in the amer	on of issued shi adment itself:	<u>ares.</u>	
					
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The date of each amendment(s) adoption:	, if other than the
•	
Effective date <u>if applicable</u> : tho more than 90 days after	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes cast for the amendment(s) was/were sufficier	nt for approval
by	 , "
☐ The amendment(s) was/were adopted by the board of directors without shaction was not required.	nareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehaction was not required.	nolder action and shareholder
09/20/2018 Dated	
Signature /	
(By a director, president or other officer - if din selected, by an incorporator - if in the hands of appointed fiduciary by that fiduciary)	
DANIEL OLIVEIRA	
(Typed or printed name of pe	erson signing)
PRESIDENT	
(Title of person s	signing)