P1800014551

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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C. GOLDEN MAR 2 7 2018

COVER LETTER

Division of Corporations
NAME OF CORPORATION: SEGURA COUNTENTOP GRANITY INC. DOCUMENT NUMBER: P18000014551
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CARLOS EDUAMO SEGURA Name of Contact Person SEGURA CONTENTO FORANTE TNC. Firm/ Company 132 M A BOARD ST. Address APOPKA, A 32703 City/ State and Zip Code CARLOS EDUAMO SEGURA 1B @ HOT MAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CARUS EDVANOR SEGMA at (321) 347-5924 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
Certificate of Status Certificate of Status

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



March 16, 2018

CARLOS EDUARDO SEGURA 132 M A BOARD STREET APOPKA, FL 32703

SUBJECT: SEGURA COUNTERTOP GRANITE INC Ref. Number: P18000014551

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You can check only one (1) box regarding the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 418A00005417

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SECRETARY OF STATE

Articles of Amendment to

Arti	icles of Amendment	Tuc. The
	to	1328
Artic	eles of Incorporation of	AN IN ARTH
	2	
SEGURA COUNT	ENTOP GRANIT	
(Name of Corporation as	currently filed with the Florida	Dept. of State)
F 180000 1453	51	
(Document N	Number of Corporation (if known)	
rsuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	utes, this <i>Florida Profit Corporat</i>	ion adopts the following amendment(s) to
If amending name, enter the new name of the corpor	ation:	
		The new
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRES Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MICHELL 132 MA APOPKY, SAME	GOARD ST. FL 32703
new registered agent and/or the new registered office	<u>e address:</u>	
Name of New Registered Agent		
	Florida street address)	
New Registered Office Address:	·····	, Florida
	(City)	(Zip Code)
New Registered Office Address:	(City)	, Florida(Zip Code)

Signature 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: X Change	PT John l	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name A. A	<u>Addres</u> s
1) Change	_V	MICHEUE ARRIAGA	132 MA KOARDST. APOPKA, FI 32703
Remove			1
2) Change Add			
Remove			
3) Change			
Remove 4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
-/	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	numera is not contained in the amendment testif.

The date of each amendment(s) adoption:	, if other than the
date this document was signed. Effective date if applicable: 219/18	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
(he amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast 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.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature 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 co appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	