P18000038050

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #	7)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)
(Docur	nent Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fili	ng Officer:	

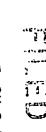




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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Empire	Stones	VENICE Inc.
DOCUMENT NUMBER:	818 000C	38050	
The enclosed Articles of Amendm	ent and fee are subn	nitted for filing.	
Please return all correspondence co	oncerning this matte	r to the following:	
	JANE M	Bold Vi	ej82A
E	mpire 5	Firm/Company	Nice
6250 ME HO PLEX DR			
		Address RS, FL 3 City/ State and Zip Co	
TANE @ EMPIRES to ales solutions. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
TANE M BOLD + VIEIRA at (239) 703 2303 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:			
_	75 Filing Fee & ficate 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 Amendment See Division of Corp P.O. Box 6327	tion	Amer Divis	t Address Indiment Section It is a section of Corporations In Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation

	01
Empire Stokes VE (Name of Corporation)	Nice Inc.
(Name of Corporation	n as currently filed with the Florida Dept. of State)
818 0000 38050	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
	The new
word "chartered," "professional association," or the a B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent	
New Registered Office Address:	, Florida
New Regimerea Office Address.	(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 <math>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 I	loc	
X Remove	<u>V</u> <u>Mike</u> .	Jones	
<u>X</u> Add	SV Sally S	Smith	
Type of Action	Title	Name	Address
(Check One) 1) Change	CFO	Boldt, JANE	6250 ME + PU PLEX DZ
Add		ţ	6250 METROPLEX DZ FORT MYERS, FL 33966
<u>×</u> Remove			
2) Change	CFO	JANE M BOLDT VIEIRA	_ 6250 ME + PO PLEX DE
X Add			FORT MYERS, FL
Remove			<u> 33966</u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)			
				
If an amendment provides for an exch	ange, reclassification, (or cancellation o	issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contained	in the amendme	ent itself:	
				· · · · · · · · · · · · · · · · · · ·
				
		<u> </u>		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 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)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	rment
"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.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7/1/19	
Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other c	en ourt
appointed fiduciary by that fiduciary)	
JANE M BULDT VICIRA	
(Typed or printed name of person signing)	
CFO	
(Title of person signing)	·