

| (Requ | estor's Name) | |
|-----------------------------|-----------------|-------------|
| (Addre | ess) | |
| (Addre | ess) | |
| (City/S | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ess Entity Nar | me) |
| (Docu | ment Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fil | ing Officer: | |
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Office Use Only



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And

R. WHITE SEP 12 2018 2018 SEP 10 PM 12: 59
SECRETARY OF STATE
TALL A HASSEE, FL

TEO

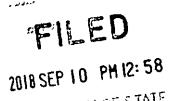
COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: AR STONE AND | REMODELA | TION COR | P |
|-------------------------|--|---|-----------------------------|--|
| | BER: P18000040631 | | | |
| | of Amendment and fee are su | ibmitted for fili | ng. | |
| Please return all corre | spondence concerning this ma | itter to the follo | wing: | |
| | KATIA CEPENA | | | |
| | | Name of Co | ntact Person | n |
| | KC N ASSOCIATES INC | | | |
| | | Firm/ C | ompany | <u> </u> |
| | 11455 SW 40TH STREET | , NUM 211 | | |
| | | Ado | lress | |
| | MIAMI, FL 33165 | | | |
| | | City/ State a | nd Zip Cod | e |
| KCN | ASSOCIATES@AOL.COM | 1 | | |
| | E-mail address: (to be u | | inual report | notification) |
| For further information | n concerning this matter, plear | se call: | | |
| KATIA CEPENA | | at (_ | 786 | 769-9832 |
| Name o | of Contact Person | | Area Co | de & Daytime Telephone Number |
| Enclosed is a check fo | r the following amount made | payable to the F | lorida Depa | artment of State: |
| ■ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Fit Certified C (Additional enclosed) | ору | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ame Divi P.O. | ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314 | | Amend Divisio Clifton | Address Iment Section on of Corporations Building xecutive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



AR STONE AND REMODELATION CORP

| AR STONE AND REMODELATION CORP | V OT STATE |
|--|--|
| (Name of Corporati | ion as currently filed with the Flarida Dept. of States, FL |
| P18000040631 | TALLAHAUUT |
| (Docur | ment Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation: | a Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the co | orporation: |
| | The new |
| | ed "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "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 ADD</u> | |
| | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u></u> |
| | |
| | |
| D. If amending the registered agent and/or registe new registered agent and/or the new registered | red office address in Florida, enter the name of the office address: |
| Name of New Registered Agent | |
| | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Reg | vistered Agent: |
| I hereby accept the appointment as registered agent. | I am familiar with and accept the obligations of the position. |
| | |
| | |
| Sign | nature 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 | <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 |
| X Change | P | ANYINZON REVEROL-FONTAL V O | 11455 SW 40TH ST |
| Add | | | NUM 211 |
| Remove | | | MIAMI, FL 33165 |
| 2) Change | | _ | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

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| f an amendment provides for an exchange | reclassification, or | cancellation of | fissued shares, | |
| provisions for implementing the amendment (if not applicable, indicate N/A) | <u>nt ir not contained i</u> | n the amending | ent itseir: | |
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| <u> </u> | <u></u> | | | |
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| Effective date if applicable: | |
|---|---|
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records. |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| ■ The amendment(s) was/were ad by the shareholders was/were s | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval. |
| | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): |
| "The number of votes cas | for the amendment(s) was/were sufficient for approval |
| by | <u> </u> |
| | (voting group) |
| ☐ The amendment(s) was/were adaction was not required. | opted by the board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were action was not required. | opted by the incorporators without shareholder action and shareholder |
| 09/06/20 | 18 |
| Dated | 1 - |
| Signature | |
| (By a select | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) |
| | ANYINZON REVEROL-FONTALVO |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |