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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	ATION: SOLER STON	E & BLOCK INC.			
DOCUMENT NUMB	ER:P18000056584				
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
		REYNALDO AQUINO			
•	Name of Contact Person				
	SOLER STONE & BLOCK INC				
-	Firm/ Company				
	1943 S SEMORAN BLVD.				
-	Address				
	ORLANDO, FL 32822				
-	City/ State and Zip Code				
	solerstoneandblockcorp	@gmail.com			
	•	sed for future annual report	notification)		
	concerning this matter, pleas	se call:			
REYNALDO AQUINO		at ()		
Name of Contact Person Area Code & Daytime T			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
■ \$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 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

Articles of Amendment to Articles of Incorporation

of

SOLER STONE & BLOCK INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P18000056584	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp,," "Inc,," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co" A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 adnew registered agent and/or the new registered office address Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian Signature of New	nt: with and accept the obligations of the position. 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>Y</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	AUNER G. SANCHEZ	5848 DIEGO ST. APT A
Add			ORLANDO, FL 32807
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artic mach additional sheets, if necessary).	(Be specific)				
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			_	<u>.</u>	
an amendment provides for an exchorovisions for implementing the ame	ange, reclassificat	tion, or cancell	ation of issue mendment its	<u>d shares.</u> elf:	
(if not applicable, indicate N/A)	mament it not con	mines in the al	engment its		
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	2/2010	
0 // 1. Effective date <u>if applicable</u> :	3/2018	
<u> </u>	(no more than 90 days after amendment file dat	(e)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the artificient for approval.	nendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	<u>,"</u>	
-,	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were ado- action was not required.	oted by the incorporators without shareholder action and shar	eholder
07/13/2018 Dated		
Signature Aug	elle ann	
(By a di selected	rector, president or other officer – if directors or officers hav , by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	REYNALDO AQUINO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	