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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: THE BEST GRAN	ITE AND MARMOL COF	RP
	BER: P18000077018		<del>,</del>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JOSE LUIS CORTEZ ZACA	RIAS	
		Name of Contact Person	1
	THE BEST GRANITE AND	MARMOL CORP	
		Firm/ Company	
	109 GOTHAM DRIVE		
		Address	<del></del>
	FORT PIERCE FL 34946		
		City/ State and Zip Code	<u> </u>
	josecortes030878@gmail.cor	n	
	E-mail address: (to be us	sed for luture annual report	notification)
For further informatic	on concerning this matter, pleas	se call:	
JOSE CORTEZ		772 at (	332-5536
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	nriment 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)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussec, FL 32303

## Articles of Amendment to Articles of Incorporation

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(Name of Corporation as currently	filed with the Florida Dept. of State)	
P18000077018		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607,1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new name of the corporation:		
THE BEST GRANITE AND FIRE PROTECTION CORP		The new
name must be distinguishable and contain the word "corporation," "co". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		ation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	1020 j W
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:		PH 12: 16
Name of New Registered Agent	() /1	<del></del>
(Florida stree		
New Registered Office Address:(0	City) , Florida	Cip Codei
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was	ith and accept the obligations of the positio  (U A existered Agent, if changing	и.
Check if applicable		
$\square$ The amendment(s) is are being filed pursuant to s. 607.0120 (11) (c	i I, 1 το.	

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: <u>X</u> Change	<u>PT</u>	John Doc			
X Remove	$\underline{V}$	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		_		_	$\angle$
Add					
Remove					
2) Change					
Add					
Remove Change					
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Remove					
6) Change		- /		_	
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	ets, if necessary).	(Be specific)	<u>iere</u> :	
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			or cancellation of issued	
provisions for imple (if not applicable	ementing the ame, indicate N/4)	endment if not contain	ed in the amendment itse	<u>elf:</u>
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10	/			
7//				
$\sqrt{X}$				

The date of each amendment(s) addate this document was signed.	option: Ob/20/20 , if other than
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was were ado by the shareholders was were su	pted by the shareholders. The number of votes east for the amendment(s) (licient for approval.
·	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	(voting group)
	Coning group,
Dated	06/30/2020
Signature DO	se LCOTTES
selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
S	JUSE LUIS CORTEZ ZACANIA
	(Typed or printed name of person signing)
_	President
	(Title of person signing)