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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Premium Stone USA, Inc. DOCUMENT NUMBER: P19000050346 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amaris Cadavid Name of Contact Person Premium Stone USA, Inc. Firm/ Company 210 Oliwood Court Address Kissimmee, Florida 34743 City/ State and Zip Code premiumstoneusa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _ at (407 ____) 724-7006 Area Code & Daytime Telephone Number Amaris Cadavid Name of Contact Person Englished is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Cutified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

	(Name of Corporation as currently	filed with the Florida Dept	. of State)			
Premium Stone USA, Inc.	Document Number: P19000050346					
	(Document Number of	Corporation (if known)				
Pursuant to the provisions of its Articles of Incorporation:	f section 607.1006, Florida Statutes, this I	Florida Profit Corporation ad	opts the follow	ing amen	dment(:	s) to
A. If amending name, ente	er the new name of the corporation:					
				The	new.	
"Corp.," "Inc.," or Co.," o	ble and contain the word "corporation or the designation "Corp," "Inc," or "C ional association," or the abbreviation "I	lo". A professional corpora		ahbrevia	ttion	
B. Enter new principal off					_	
(Principal office address <u>M</u>	UST BE A STREET ADDRESS)					
					_	
					_	
C. Enter new mailing add	lress, if applicable:					
(Mailing address <u>MAY a</u>	BE A POST OFFICE BOX)				_	
D. If amonding the registe	red agent and/or registered office addr	ess in Florida, enter the nam	e of the			
	nd/or the new registered office address:		ic of the			
Nama of New Regis	stered Agent					
<u></u>				_		
	(Florida stre	et address)		_		
New Registered Off	Gaa Addun v		Florida			
<u>wen kegmerea og</u>		 City)		(Code)	-75	
				<u>></u>	<u> </u>	٦-,
					 1	
	gnature, if changing Registered Agent: neut as registered agent. I am familiar w		of the position	È.	ω	; [71]
			2 k		<u> </u>	
				<u> </u>	Ĉŧ,	
-	*			<u></u>	7.7	
	Signature of New $R\epsilon$	egistered 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: <u>X</u> Change	<u>T9</u>	John D	<u>ne</u>	
X Remove	v	Mike Ju	ones	
\underline{X} Add	<u>SV</u>	Sally Si	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address .
1) Change	V		Jeisson J. Delgado Abril	210 Olivewood Ct
X Add				Kissimmee, Florida 34743
Remove				
2) Change		<u>.</u>		
Add				
Remove				
3.1 Change				
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) (Be specific)			
	<u> </u>			
· .				
<u> </u>				
	<u> </u>			
f an amendment provides for an excl				
provisions for implementing the ame (if not applicable, indicate N/A)	'nament ii not contain	ed in the amendmei	it itseir:	
		·		
<u> </u>		<u> </u>		
				· · · · · ·

The date of each amendment(s) a date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the Do	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were se	opted by the shareholders. The number of votes cast for the amendment flicient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareho	lder
in amendment(s) was/were addaction was not required.	pted by the incorporators without shareholder action and shareholder	
Signature	1 maris & Cadavid	
selecte	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 could fiduciary by that fiduciary)	
	Amaris Cadavid	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	