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Division of Corporations

Fax Number

: (850)617-6380

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Account Name

: ACCOUNTING REVENUE SERVICE, INC.

Account Number : I20110000041

Phone

: (305)887-8730

Fax Number

: (305)887-8744

Enter the email address for this business entity to be used for future  $\cdot\cdot$ annual report mailings. Enter only one email address please.\*\*

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# COR AMND/RESTATE/CORRECT OR O/D RESIGN GRANITE & MARBLE TREASURE COAST INC

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### Articles of Amendment to Articles of Incorporation

### GRANITE & MARBLE TREASURE COAST INC

P20000025747	
. (Document Number of Corporation (if known)	
ant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the ticles of Incorporation:	following amendmen
amending name, enter the new name of the corporation:	
must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab- " or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mus- tered," "professional association," or the abbreviation "P.A."	The new breviation "Corp.," I contain the word
ater new principal office address, if applicable:	
cipal office address MUST BE A STREET ADDRESS)	
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nter new mailing address, if applicable: Italing address MAY BE A POST OFFICE BOX)	
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amending the registered agent and/or registered office address in Florida, enter the name of the w registered agent and/or the new registered office address:	- 0070 0CT 26
w registered agent and/or the new registered office address:	G:
amending the registered agent and/or registered office address in Florida, enter the name of the w registered agent and/or the new registered office address:  Name of New Registered Agent	, সুক্
Name of New Registered Agent	G:
Name of New Registered Agent  (Florida street address)	, সুক্
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  , Florida	
Name of New Registered Agent  (Florida street address)	
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)	
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (Registered Agent's Signature, if changing Registered Agent:	(Zip Code)
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  , Florida	(Zip Code)
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Registered Agent's Signature, If changing Registered Agent:	(Zip Code)
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (egistered Agent's Signature, If changing Registered Agent:	(Zip Code)

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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>	<u> John Doe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	KARINA E PEREZ ORTEGA	2403 S 25TH ST APT 15B
Add			FT PIERCE, FL 34984
X Remove			
2)Change	VP	ALFREDO GONZALEZ RAMOS	241 NW 8TH AVE APT 304
X Add		•	HALLANDALE BEACH, FL 33010
Remove 3) Change			
Add			
Remove			
4)Change			
Add ,		•	
Remove		· ·	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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If amending or adding additional Articles, enter (Attach additional sheets, if necessary). (Be spec	cific)	i nete:			•
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f an amendment provides for an exchange, reclaprovisions for implementing the amendment if r	not contain	ed in the amer	dment itsel	<u>Idares.</u> f.	
(if not applicable, indicate N/A)		-40 111 440 44101	<u>Wille</u> ut Hist.	Ŀ	
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date this document was signed.	_, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated10/26/2020	
Signature	•
(By a director, president or other officer – if directors or officers have not been scleeted, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	<del>-</del>
HECTOR GONZALEZ ARNAIZ	
(Typed or printed name of person signing)	<del></del> -
PRESIDENT	
(Title of person signing)	<del></del>
	·

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