P20000039800

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





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COVER LETTER

TO: Amendment Section Division of Corporations

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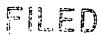
NAME OF CORPO	DRATION: LUISI MARMOL GRANITE & CABINETS INC.
DOCUMENT NUM	IBER: 20000039800
The enclosed Article	s of Amendment and fee are submitted for filing.
Please return all corr	espondence concerning this matter to the following:
	LUIS LEON
	Name of Contact Person
	LUISI MARMOL GRANITE & CABINETS INC
	Firm/ Company
	590 SW 3 ST
	Address
	HIALEAH, FL 33010
	City/ State and Zip Code
	LUISLEON63@ICLOUD.COM
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
LUIS LEON	at (786) 290-8883
Name	of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount made payable to the Florida Department of State:
S35 Filing Fee	S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section

Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of



LUISI MARMOL GRANITE & CABINETS INC.	2001 HAD OO AM OO O
(Name of Corporation as current	ly filed with the Holling Best, Blkt Stell 9
20000039800	SECRETARY OF STATE
(Document Number of	of Corporation (iffKolden). HASSEE, FL
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	590 SE 3ST
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	HIALEAH, FL 33010
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	590 SE 3ST
(Mailing duaress SIAT BE A FOST (FFFCE BOX)	HIALEAH, FL 33010
D. If amending the registered agent and/or registered office add	lress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent LUIS LEON	
590 SE 3 ST	
(Florida st	rect address)
New Registered Office Address:	, Florida 33010
ness negasierea Office nauress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Thereis, accept the appointment as regimered agent. I am jumple	a lactification configuration by the promitors
Khok	
Pele	
Signature of New F	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)

Add

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 Doc		
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>	Address	
1) Change	P	LUIS A LEON	5710 SW 3 ST	
Add			MIAMI, FL 33144	
X Remove				
2) Change	P	LUIS LEON	590 SE 3 ST	
XAdd			HIALEAH, FL 33010	
Remove 3.) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	-			

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in amendment pro ovisions for imple (if not applicable	ementing the amen	ange, reclassific idment if not co	ation, or cancel ntained in the a	ation of issued s mendment itself	hares, E	
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The date of each amendment(s) add	003/23/2021 option:, if other than th
date this document was signed.	
03/23	/2021
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ack does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) acient for approval.
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
hy	
03/23/2021 Dated	(voting group)
Signature	
(By a dire	ector, president of other officer - if directors or officers have not been
selected, appointed	by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)
L	UIS LEON
_	(Typed or printed name of person signing)
P	RESIDENT

(Title of person signing)