## P22000051598

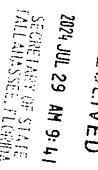
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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_ S TON E SPACES INC DOCUMENT NUMBER: <u>P22</u> 000051598 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STONE SPACES INC
Firm/ Company 6000 Pavers AVENUE Address SAKKSONVILLE /FL /32217
City/State and Zip Code For further information concerning this matter, please call: ALTAN YAZICI at (904) 806 52 99

Name of Contact Person Area Code & Daytime Telephone Number Enclosed 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 Certified Copy Certificate of Status

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

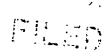
enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy

(Additional Copy is enclosed)

## Articles of Amendment to Articles of Incorporation of



STOR	VE SPA	ACES i	NC 2026	"" 00 m
(Name of Corpo	ration as currently	filed with the l	Florida Dept. of S	state) 69 60 9:51
£22 0000	51598			·
(Do	ocument Number of	Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this F	Torida Profit Ce	orporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the	ne corporation:			
				The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," ", "chartered," "professional association," or the a	Inc," or "Co". A			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		6000	POWER	RS AVENUE
				FL
		322	1+	
C. Enter new mailing address, if applicable:		ima	Paulenc	NENUE
(Mailing address MAY BE A POST OFFICE BOX)			TOWERS	, PVENUC
		JACK!	SONVILL	<u> </u>
		3221	7-	
D. If amending the registered agent and/or reg new registered agent and/or the new register	<u>istered office addre</u> red office address:	ess in Florida, e	enter the name of	the
Name of New Registered Agent A			1	
		-		
<u> 6 00</u>	10 Pow 6 (Florida stre	CKS f	WENU	<u> </u>
•	(riorial sire	et adaress)		22217
New Registered Office Address: 5A	<u>CKZONALI</u>		, Flor	rida 32217
	ι	Cny)		(zip Colle)
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registered age	nt. I am familiar w	rith and accept to -	he obligations of ti	he position.
	·			

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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.

X Change	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	SV Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PRES	MELIH YAZICI	4870 Victor Street
Add			Jacksonuille FL
Remove			32207
2) Change	PRES	ALTAN YAZICI	6000 Payers AVE
X Add	•		JACKSONVILLE
Remove 3 ) Change			FL 32217
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
-	
	<u> </u>
If an amendment provides for an exchange the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment testif.
	<u> </u>

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requireme partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without share	holder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the afficient for approval.	nendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 07/	29/2024	
Signature ( )	Little .	
(By a di	rector, president or other officer - if directors or officers have	e not been
	I, by an incorporator – if in the hands of a receiver, trustee, or	other court
appoint	ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

, . . .