CAPITAL CONNECTION IC. 000134 872 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

Kast Stone, Inc

800002245198---5 -07/23/97--01081--005 *****175.00 ******87.50

	Art of Inc. File
	LTD Partnership File
<u> </u>	Foreign Corp. File
<u> </u>	L.C. File
	Fictitious Name File
	Name Reservation 23
<u></u>	Merger File \cong
\leq	Art. of Amend. File R
	RA Resignation G
	Dissolution / Withdrawal
	Annual Report / Reinstatement
\leq	Cert. Copy
	Photo Copy
	Certificate of Good Standmin
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
·	Officer Search
	Fictitious Search
	Fictilious Owner Search
	Vehicle Search
	Driving Record
<u>, 1975 (* 19</u>	UCC 1 or 3 File
	UCC 11 Search
	IICC 11 Retrieval

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Signature



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AMENDMENT TO CERTIFICATE OF INCORPORATION OF KAST STONE, INC.

97 JUL 23 PH 2: 29 AETARY OF 1: 29 I, the undersigned, being the sole director and stockholder of KAST STONE, IN corporation duly organized and existing under and by virtue of the laws of the State of Florida, hereby consent and agree that the Certificate of Incorporation of KAST STONE, INC., a Florida corporation, be and the same shall be amended to read as follows:

ARTICLE VI

This Corporation shall have one (1) director. The number of directors may be increased from time to time by the by-laws. The name and address of the director of this Corporation is:

WILLIAM GREENWALD 66 N.W. 22nd Street Miami, Florida 33127

This Amendment was adopted on July 1, 1997, by the undersigned as the sole shareholder of the Corporation pursuant to Florida Statutes.

IN WITNESS WHEREOF, the undersigned subscriber has executed this Amendment this /6 day of July, 1997.

WILLIAM GREENWALD President and Sole Director and Stockholder

STATE OF FLORIDA)) SS: COUNTY OF DADE)

IN WITNESS WHEREOF, I have hereunto set my hand and seal and affixed my official seal, in the State and County aforesaid, this _____ day of July, 1997.



<u>Michille F. Marino</u> NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE Printed Name: <u>Michelle R. Marci</u>no My Commission Number: My Commission Expires:

Personally known ______ or produced identification ______ Type of identification produced