P94000015931

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SECRETARY OF STATE
ANASSEE FLORID

Amend

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2-16-19

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLO	RIDA MARBLE CORP	
DOCUMENT NUMBER: P9400	0015931	।
The enclosed Articles of Amendment as	nd fee are submitted for filing.	
Please return all correspondence concer	ning this matter to the following:	
	ELBA VALDES (Name of Contact Person)	
	FLORIDA MARBLE CORP.	
	(Firm/ Company)	
	P.O. BOX 3170 (Address)	
	MIAMI, FLORIDA 33101	
For further information concerning this	(City/ State and Zip Code) matter, please call:	
ELBA VALDES	at (<u>786</u>) <u>277-5311</u>	
(Name of Contact Person)	(Area Code & Daytime Telephone Numl	
Enclosed is a check for the following an	nount made payable to the Florida Department of Sta	ite:
\$35 Filing Fee \$43.75 Filing Fee Certificate of Stat		te of Status Copy nal Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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State)	. 🛚 : 🤇	ONIE A

FLORIDA MARBLE CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P94000015931 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.," or the designation	n "Corp," "Inc," or
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	
D. If amending the registered agent and/or re new registered agent and/or the new regist Name of New Registered Agent:		enter the name of th
New Registered Office Address:	(Florida street address)	Florida
_	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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)

Title	Name	Address	Type of Action
SEC	JOSE R. VALDES	80 SW 18TH RD MIAMI, FLORIDA 33129	☐ Add ☑ Remove
VP	JOSE R. VALDES	80 SW 18TH RD MIAMI, FLORIDA 33129	☑ Add ☐ Remove
SEC	JUAN CARLOS CAMBO JR	80 SW 18TH RD MIAMI, FLORIDA 33129	☑ Add ☐ Remove
	ng or adding additional Articles, enter of the specification of the specific triangles of triang		
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			-
			_
<u>provision</u>	ndment provides for an exchange, reclassion implementing the amendment if napplicable, indicate N/A)	assification, or cancellation of issued shares, not contained in the amendment itself:	
			
		· · · · · · · · · · · · · · · · · · ·	_
			_

The date of each amendment(s	adoption: FEBRUARY 9, 2009
Effective date if applicable:	
	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	,, ,
(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
action was not required.	adopted by the incorporation without characteristics devices and characteristics
Dated	2/8/09
Signature	To you half
(By a selec	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	ELBA VALDES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)