P95000042765

(Re	equestor's Name)			
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	STONE	E & SURFACE	DESIGNER	RS, INC.	
DOCUMENT NUMBER:	P	95000042765			
The enclosed Articles of Amend	dment and fee are su	bmitted for fili	ng.		
Please return all correspondence	e concerning this ma	tter to the follo	wing:		
		DOMENIC H	CALICCHI	Α	
****		Name of Co	ontact Persor)	
	PROFESS	SIONAL ACC	OUNTING S	SERVICES	
		Firm/ C	Company		
	15	20 BOTTLEB	RUSH DR. I	NE	
Address					
		City/ State a	and Zip Code)	
E-m	nail address: (to be us	sed for future a	nnual report	notification)	
For further information concern	ing this matter, pleas	se call:			
DOMENIC H. CALICCHIA	at (321	951-8878		
Name of Contac	t Person		Area Co	de & Daytime Telephone 1	Number
Enclosed is a check for the following	owing amount made	payable to the	Florida Depa	ertment of State:	
	43.75 Filing Fee & ertificate of Status	Certified (Additional enclosed)	Copy Il copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314			Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

STONE & SURFACE DESIGNERS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	295000042765	za depti oi state)	i oi
(Document	nt Number of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this <i>Florida Profit Corpor</i>	ation adopts the following	, amendmer
A. If amending name, enter the new name of the corp	poration:		
	· · · · · · · · · · · · · · · · · · ·		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the al	"Inc," or "Co". A professional		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u>)		
	***************************************		<u> </u>
		 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1		
(maining data ess MAT BE A TOST OF THE BOA)			
			
D. If amending the registered agent and/or registered		the name of the	
new registered agent and/or the new registered of	ffice address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(Ciţv)	(Zip C	`ode)
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered agent. I	am familiar with and accept the ob	ligations of the position.	
Signat	ure of New Registered Agent if cha	ınging	

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>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	D	_	SILVANA ORTIZ	1720 COLUMBIA LANE
XX Add				MELBOURNE, FL 32904
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
	M9Minorana 879
· · · · · · · · · · · · · · · · · · ·	
Para Para Para Para Para Para Para Para	
**************************************) (6 - C WATT - WATT)
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
MANUEL	
	The state of the s

	DECEMBER 4, 2015	
The date of each amendment(s) a date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirement 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 add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the am flicient for approval.	nendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and share	eholder
	1BER 4, 2015	
Dated		
Signature	line 1	
(By a ^l d	rector, president or other officer - if directors or officers have	
	d, by an incorporator – if in the hands of a receiver, trustee, or	other court
appoin	ed fiduciary by that fiduciary)	
	ternanda Ortio	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing) Prus: don't (Title of person signing)	
	(Title of person signing)	