## 199000100800

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## COVER LETTER

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**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EXPO MARBLE	& GRANITE, INC		
DOCUMENT NUME	P00000100800			
The enclosed Articles	of Amendment and fee are so	abmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
		YOLANDA MUSUMEO	;1	
•		Name of Contact Perso	n	
	ILE	AD BUSINESS SERVICES	S, LLC	
•		Firm/ Company		
		4321 SW 160th Ave Unit 1	05	
-		Address	<del></del>	
		Miramar, FL 33027		
-		City/ State and Zip Cod	e	
	vol	anda-musumeci@comcast.t	14.n	
-		sed for future annual report		
Dan Combon ( Commission				
ror further information	concerning this matter, plea	se call:		
YOLANDA MUSUM	ECI	at ( <sup>954</sup>	6685487	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address		Address	
	ndment Section ion of Corporations		ment Section n of Corporations	
	Box 6327		entre of Tallahassee	
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of



· <del></del>			0
( <u>Name o</u>	f Corporation as curren	tly filed with the Florida Dept. of State)	,
299000100800			
	(Document Number	of Corporation (if known)	
ursuant to the provisions of section 607.1 s Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amenda	nent(s
. If amending name, enter the new na	me of the corporation:		
HERIDAN ENTERPRISES USA, INC		The ne	
ame must be distinguishable and contain Inc.," or Co.," or the designation "Co chartered," "professional association,"	orp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp. A professional corporation name must contain the wo	
. Enter new principal office address, i	f annlicable:	N/A	
Principal office address MUST BE A ST			
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST O	OFFICE BOX)	140	
re v		lmann im Itianiala, amana akan akan Cak	
If amending the registered agent and new registered agent and/or the new			
Name of New Registered Agent	registered office addres		
<u>Name of New Registered Agent</u>	registered office addres	<u>s:</u>	
new registered agent and/or the new  Name of New Registered Agent	registered office addres N/A N/A (Florida st	rect address)	
new registered agent and/or the new  Name of New Registered Agent	registered office addres	<u>s:</u>	

## Check if applicable

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.

X Change	PΤ	John Do	<u>oe</u>		
X Remove	V	Mike Jo	<u>ines</u>		
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) Change	N/A	_	N/A	 N/A	
Add					<del></del>
Remove					
2) Change				 	
Add					
Remove 3 ) Change		_		 	
Add					
Remove					
4) Change				 	
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add		_		 	
Remove					

	rets, if necessary). (1	Be specific)			
/A					
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If an amendment pro	wides for an exchanc	o roclassification	ar cancellation	of investment	
<u>provisions for imple</u>	menting the amenda	nent if not contain	d in the amend	ment itself:	
(if not applicable	z, indicate N/A)			·	
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The date of each amendment(s) adoption: $\frac{N/B}{B}$ . if other than the date this document was signed.
Effective date if applicable.
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
O8/03/2021  Dated  Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  SHERIDAN DICKINSON
(Typed or printed name of person signing)
PRESIDENT