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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: AMERICAN MARGLE WORKS INC <u>S 81550</u> DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YURIY SIVYY
Name of Contact Person AMERICAN MARGIE WORKS INC. 304 WOODLAWN AUL.

Address TSellare Fl. 33756.

City/ State and Zip Code AMERMUL PROL - Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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: □\$43.75 Filing Fee & **□**\$52.50 Filing Fee ☐ \$35 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

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

Street Address

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

Articles of Amendment to Articles of Incorporation

AMERICAN MARBLE WORKS

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

S - \$\550 (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:

A. If amending name, enter the new name of the corporation:	
N.A.	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	AMERICAN MARSIE WORKS INC.
	Bellair, Fl. 33756
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Areaman Marsie Works Two
	304 WOODLAND AVE.
	Bellair, Fl. 33756
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent YURIY SIV	7 9
304 Wood LA	iws Rive.
**************************************	City) , Florida 33756 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e) FS

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	RICHARD STEGRAHER	8275- 140 th. ST. N.
Add Aemove A			Seminole, F1. 33776
2) Change		Keigh M. STEGBAHER	8775 140th. ST.N. Seminole, Fl. 33776
Add Remove Change Add Add	<u>PTS</u>	YURIY SIVYY	304 WOODLAWN AVE. Bellair, Fl. 33756
Remove 4) Change Add			
Remove 5) Change Add	_		
Remove 6) Change Add		<u> </u>	
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
	
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If an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NA	

The date of each amendment(s) adoption: <u> </u>
Effective date if applicable: $(5-3)-7-7$
Effective date if applicable: 5-3)-23 (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 east 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
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) THERED STEGRAMER
(Typed or printed name of person signing)
PD
(Title of person signing)