P09000102383

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

5/24 CM

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SERVIBOMCRETO INTERNATIONAL, INC.

DOCUMENT NUMBER: P09000102383

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL A. BLANCO, CPA
_____
Name of Contact Person

MICHAEL BLANCO & CO., LLC
_____
Firm/ Company

8360 W. FLAGLER STREET, STE 200
_____
Address

MIAMI, FL 33144
_____
City/ State and Zip Code

MICHAEL@MBLANCOCPA.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL BLANCO   at (305) 615-2655
_____
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:

☒ $35 Filing Fee   ☐$43.75 Filing Fee &   ☐$43.75 Filing Fee &   ☐$52.50 Filing Fee
                     Certificate of Status   Certified Copy   Certificate of Status
                                             (Additional copy is   Certified Copy
                                             enclosed)   (Additional Copy
                                                                       is enclosed)

Mailing Address   **Street Address**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                     Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

SERVIBOMCRETO INTERNATIONAL, INC.
_____

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

P09000102383
_____

(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:

___Not Applicable_____*The new*
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: Not Applicable
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)   Not Applicable

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent ___Not Applicable_____

_____
(Florida street address)

New Registered Office 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)
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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change X ____ Add ____ Remove	V	JOSE D. SALERNO	9582 SW 40 STREET, STE 5-6 MIAMI, FL 33165
2) ____ Change ____ Add ____ Remove			
3) ____ Change ____ Add ____ Remove			
4) ____ Change ____ Add ____ Remove			
5) ____ Change ____ Add ____ Remove			
6) ____ Change ____ Add ____ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary).* *(Be specific)*

Not Applicable.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

Not Applicable.

The date of each amendment(s) adoption: ____JANUARY 1, 2016_____, if other than the
date this document was signed.

Effective date if applicable: ____MAY 15, 2016_____

(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 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder
action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder
action was not required.

Dated____05/15/16_____

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)

            ADELYS MARQUEZ DE SALERNO
            _____
                        (Typed or printed name of person signing)

            PRESIDENT
            _____
                        (Title of person signing)