P00 000073780

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2020 MAY 15 PM 2: 11
SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: M.A.S. Concrete a	nd Layout,Inc	
DOCUMENT NUM	BER: P00000073780		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Maria Garcia		
		Name of Contact Perso	n
	M.A.S. Concrete and Layout,	. Inc	
		Firm/ Company	
	6654 SR 544		
		Address	
	Winter Haven, FL 33881		
		City/ State and Zip Cod	ie .
	mgarcia@masconcrete.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	299-6777
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio The C 2415	Address Idment Section In of Corporations Identry of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

M.A.S. Concrete And Layout, Inc.

(Name of Corporati	on as currently filed with	the Florida Dept, of State)		
P00000073780				
(Docum	ment Number of Corporation	ı (if known)		
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Prof</i>	It Corporation adopts the fo	ollowing amendmen	ıt(s) t
A. If amending name, enter the new name of the co	orporation:			
			The new	
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A professione	r "incorporated" or the abbi al corporation name must	reviation "Corp.," contain the word	
8. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>		· · · · · · · · · · · · · · · · · · ·		
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			20	
N. N			A A	
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BO	(X)			-
			700 -	•
	-	<u> </u>) 2"
			<u> </u>	•
). If amending the registered agent and/or register	red office address in Floric	ia, enter the name of the	5류 그	
new registered agent and/or the new registered			•	
Name of New Registered Agent				
THE STATE OF THE S				
	(Florida street address)			
	(
New Registered Office Address:	(City)	Florida	(Zip Code)	
	(5.9)		(0.0 0000)	
New Registered Agent's Signature, if changing Reg	istered Agent:			
hereby accept the appointment as registered agent.	I am familiar with and acce	pt the obligations of the pos	sition.	
Signe	ature of New Registered Ago	ent, if changing		
_	and the second s	y		
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	PT	John Doe		
X Remove	<u>y</u>	Mike Jones		
_X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	P	Santiago Arroyo		3135 Ave T N E
Add X Remove				Winter Haven FL 33881
2) Change	P	Maria Garcia		6654 SR 544
X Add				Winter Haven FI. 33881
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change		-		
Add				
Remove				

	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
			 			
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provisi	nendment provide ions for implemen not applicable, ind	es for an exchange, re ting the amendment dicate N/A)	eclassification, or if not contained i	cancellation of issu a the amendment i	ed shares. tself:	
						

The date of each ameud date this document was si		_, if other than th
Dermation dans term at 11 of	May 8, 2020	
Effective date <u>if applical</u>	(no more than 90 days after amendment file date)	
	d in this block does not meet the applicable statutory filing requirements, this date will a on the Department of State's records.	not be listed as th
Adoption of Amendmen	t(s) (CHECK ONE)	
The amendment(s) was action was not required	s/were adopted by the incorporators, or board of directors without shareholder action and s d.	hareholder
	s/were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.	
must be separately pro	s/were approved by the shareholders through voting groups. The following statement ovided 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)	
Dated_!	x 2-8-3030	
Signatu	re x Marie Laver	_
	(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)	
	Maria Garcia	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	