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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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SECRETARY OF STATE
AMASSEF, FLORIDA

Amend. 15 4/13

COVER LETTER

NAME OF CORPORATION: CONLISION MASON LE CONCRET			
DOCUMENT NUMBER: POSDDDDIBOUT.			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
(Name of Contact Person)			
Conjug Masony & Contete, Inc			
18927 vormant Street			
Charles (City/ State/ and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (321) 228-1288 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status			

Mailing Address

TO: Amendment Section

Division of Corporations

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

Street Address

(Additional copy is

enclosed)

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Certified Copy

(Additional Copy is enclosed)

FILED

04 AUG -9 AM 8: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment to Articles of Incorporation of

(Name of corporation as currently filed with the Florida Dept. of State)
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Planse add a officer to
the company. Pirector
Zackary K. Cook (D)
18927 vemont Street
Charle Floride 32820
the state of the s
(Attach additional pages if necessary)
If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were approved 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.
Signed this Old day of August 2000
Signature (By a director prosident 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)
(Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35