P03000119203

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ROBERTO CON	NCRETE FINISH, INC.	
DOCUMENT NUMB	D03000118203		
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
		LUIS SAMAYOA	
-		Name of Contact Persor	1
	ROBE	ERTO CONCRETE FINISI	I, INC.
-		Firm/ Company	
		3880 EAST 9 LANE	
-		Address	
		HIALEAH, FL 33013	
-		City/ State and Zip Code	2
	ROBEI	RTOCONCRETEFINISH@	GMAIL.COM
-		sed for future annual report	
For further information BRIAN OLMO	concerning this matter, pleas	se call:	322-9528
Name o	f Contact Person		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)
Amer Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

		- .
· 	n as currently filed with the Florida Dept. of State	9)
P03000118203		<u> </u>
(Docume	ent Number of Corporation (if known)	• •
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the	following amendmen
A. If amending name, enter the new name of the cor-	poration:	;
ALL COAST POOLS, INC.		The new
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrevi	or "Co". A professional corporation name mus	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the name of the	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Florida	
new negative copped marking.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I d	am familiar with and accept the obligations of the pa	osition.
Signatu	ure of New Registered Agent, if changing	
Check if applicable The amendment(s) is/are being filed pursuant to s. 60	97.0120 (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)

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 Doc	
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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	
. Inden diddinonal onecla, y necessary).	(as aposition)
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	-
-	
	.
· · · · · · · · · · · · · · · · · · ·	
It an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi applicable, indicale IVA)	

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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ 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):	2624 AUG 20 ALL 11 / cf
"The number of votes east for the amendment(s) was/were sufficient for approval	3 20
BRIAN OLMO, LUIS SAMAYAOA ."	
(voting group)	AT 7: 03
	등 왕 별
8/15/24 Dated	7
Signature Jum Jum By a director, president or other-officer – indirectors 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)	
LUIS SAMAYOA	
(Typed or printed name of person signing)	
Fresident	
(Title of person signing)	

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