(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<del>(#)</del>
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
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Special instructions to	Filing Officer:	}
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: <u>Ugly Con</u>	CRETE Tech Nology, I	NC
DOCUMENT NUMBER: Po 4000	101915	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
PATRICIA L.	Foote Contact Person)	<del></del>
(Name of C	Contact Person)	
4914 CONCRETE T	Tech Nology, FUC Company)	
PO BOX 1544	4 ddress)	
(22		
BROOKSUILLE, F	=L 34604 - 0118 e and Zip Code)	
(City/State	e and Zip Code)	
For further information concerning this matter, ple	ease call:	
PATRICIA L. Foote (Name of Contact Person)	at (352) 684-	7680
(Name of Contact Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount:		
□ \$43.75 Filing Fee &  Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section  Division of Corporations	Street Address Amendment Section Division of Corporations	
- r. mior. or outhousen	ranzon or corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment to Articles of Incorporation of

Ugly Concrete 1	echnology, INC THE TARY
~ (Name of corporation as curren	echilo logy, INC TAECRETARY OF the filed with the Florida Dept. of State)
P 0 4000	0101915
(Document number	er of corporation (if known)
suant to the provisions of section 607.1006, pts the following amendment(s) to its Article	Florida Statutes, this <i>Florida Profit Corporation</i> es of Incorporation:
W CORPORATE NAME (if changing):	
Johnny GRIP PRODUC	ts, INC.
st contain the word "corporation," "company," or "in	corporated" or the abbreviation "Corp.," "Inc.," or "Co.") tered", "professional association," or the abbreviation "P.A.")
-	· ·
	AN NAME CHANGE) Indicate Article Number(s)
/or Article Title(s) being amended, added or	deleted: (BE SPECIFIC)
	1
-	<u> </u>
	:
(Attach additi	onal pages if necessary)
n amendment provides for exchange, reclass	sification, or cancellation of issued shares, provisions
	ed in the amendment itself: (if not applicable, indicate N/A
-1/1	
NIT	

(continued)

The date o	of each amendment(s) adoption: 1-1-2006
Effective o	date if applicable:  (no more than 90 days after amendment file date)
	(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.
Ø	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Signature Patricia of Foot
	(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)
	PATRICIA L. Foote
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

FILING FEE: \$35