## POLOCOONALIO

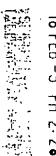
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Concrete Magick	. Inc.			
	BER:				
The enclosed Articles	of Amendment and fee are si	ubmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	Richard G. Black				
	Name of Contact Person				
	Concrete Magick, Inc.				
		Firm/ Company	<del></del>		
	102 NF. 2nd Street #271				
	Address				
	Boca Raton Florida 33432				
		City/ State and Zip Cod	e		
Greg	@Fabulously50.com				
	·	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
Ricki J. Black		at (	330-7899		
Name of Contact Person		at ( 561 ) 330-7899  Area Code & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$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 P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

EILED

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	<u></u>
( <u>Name</u> of C	Corporation as currently filed with the Florida Dept. of State) - And Additional Corporation as currently filed with the Florida Dept. of State
P06000124601	
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name	e of the corporation:
Concrete Magick, Inc.	The new
	in the word "corporation," "company," or "incorporated" or the abbreviation ion "Corp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if a	
Principal office address <u>MUST BE A STR</u>	REET ADDRESS )
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	
• -	<del></del>
	<del></del>
	or registered office address in Florida, enter the name of the registered office address:
new registered agent and/or the new r	
new registered agent and/or the new r	registered office address:
new registered agent and/or the new r	registered office address:  i/A
new registered agent and/or the new registered agent North N	registered office address:  WA  (Florida street address)
new registered agent and/or the new registered agent North N	registered office address:  i/A

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	<u>PT</u>	John Doe			
X Remove	$\underline{\mathbf{V}}$	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			<del>-</del>		
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add				<del></del>	
Remove					
6) Change					
Add	_				
Remove					

E. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)	_		
N/A				
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S. I.S. and a second se				
<ul> <li>If an amendment provides for an exch provisions for implementing the amer</li> </ul>	Ange, reclassification, or identification or identification or identification of the contained in the contai	cancellation of issued	<u>d shares,</u>	
(if not applicable, indicate N/A)	different in max containica	in the amendment ass	<u>::::</u>	
N/A				
	<u> </u>			
-				
	<del></del>			
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. 1	Same as date signed	
The date of each amendment(s) adoption	;	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : 1/22/2018		
Energy date it applicable.	(no more than 90 days after amend	lment file date)
Note: If the date inserted in this block do document's effective date on the Department	es not meet the applicable statutory filing of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes of for approval.	east for the amendment(s)
☐ The amendment(s) was/were approved be must be separately provided for each verifies.	by the shareholders through voting groups of the sparately on the separately on	the following statement the amendment(s):
	amendment(s) was/were sufficient for app	proval
by	(voting group)	<u>.</u> "
,	(voting group)	<del></del>
☐ The amendment(s) was/were adopted by action was not required. ☐ The amendment(s) was/were adopted by action was not required. ☐ Dated ☐ Dated ☐ Signature	the board of directors without sharehold	
(By a director, selected, by an	president or other officer – if directors or incorporator – if in the hands of a receiv ciary by that fiduciary)	
•	d G. Black	
	(Typed or printed name of person sig	ning)
<del></del>	(Title of person signing)	<del>-</del>
	( ) tile of person signing)	