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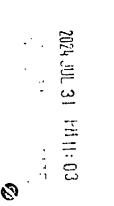
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Tradition Concrete Inc
DOCUMENT NUMBER: <u>POSO 0000 5802</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Forcel Castillo Aboyte Name of Contact Person
Tradition Concrete Inc
11502 Em En El Grove Rd Address
Les bus Pc 34788 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jsreul Castille Aboyte at 352 636-8090 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section
Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

of

Tradition Concrete	Dnc
	filed with the Florida Dept. of State)
Po 8 00000 5802 (Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	Israel Castillo Aboyto
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	11502 Em En Er Grove PH
	Jeshy FC 34788
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	<i>&</i>
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent Is Yac Cus	stille Aboyte w
11502 EMENEL (Florida stree	Grue Ri
New Registered Office Address: Les lung	, Florida_34 38 8
(*	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was	ith and accept the obligations of the position.
Signature of New Res	Set N laste_ gistered Agent, if changing

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>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	7	Castillo Israel	11502 ENENER Croby Pa
Add			Localy Fr 34784
Remove			
2) Change	P	Castillo Aboyte Israel	11502 Em En & Crise OF
Add			Lessing Fr 34788
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			·
Add			
Remove			

	(Be specific)			
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	hange reclassific	ation, or cancellat		<u>25,</u>
			andmont itealfy	
f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)			endment itself:	
provisions for implementing the ame			endment itself:	
provisions for implementing the ame			endment itself:	
provisions for implementing the ame			endment itself:	
provisions for implementing the ame			endment itself:	
provisions for implementing the ame			endment itself:	
provisions for implementing the ame			endment itself:	
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)			endment itself:	
provisions for implementing the ame			endment itself:	
provisions for implementing the ame			endment itself:	

The date of each amendn	ent(s) adoption: _	7/72/2024	, if other than the
late this document was sig	ned.	·	
Effective date <u>if applicabl</u>	<u>e</u> :	no more than 90 days after amendment	
		(no more than 90 days after amendment	file date)
Note: If the date inserted locument's effective date of	in this block does on the Department c	not meet the applicable statutory filing rec if State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s) (<u>C</u>	H <u>ECK ONE</u>)	
☐ The amendment(s) was action was not required.	were adopted by the	e incorporators, or board of directors withou	ut shareholder action and shareholder
The amendment(s) was- by the shareholders was	were adopted by the	e shareholders. The number of votes east for approval.	or the amendment(s)
		he shareholders through voting groups. <i>The</i> g group entitled to vote separately on the a	· ·
"The number of ve	otes cast for the am	endment(s) was/were sufficient for approva	I
by Is Vale	(astillo	Ab Dy te	."
,	(ve	ting group)	
Dated	7 /22/	<u> 2024</u>	
Signature	· •	Jos Calest Alast sident or other officer - if directors or officer	
Ţ.	(By a director, pre	sident or other officer – if directors or offic	ers have not been
		corporator – if in the hands of a receiver, true to the office of the control of	istee, or other court
	арроппеа поиста	y by that fiduciary)	
		Torest (astille Aba	, te
		Tsreat (as Hille Aba	
		0	
		(Title of person signing)	