(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	#)
	☐ WAIT	<u></u>
(B	usiness Entity Nam	e)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800239883408

09/27/12--01005--005 \*\*43.75

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	South Florid		ng, Services, Inc.
	of Amendment and fee are sub	mitted for filing.	
Please return all corres	spondence concerning this matt	ter to the following:	
	Abel Bonilla		
		Name of Contact Person	I
	South Florida Cor	ncrete Cutting S	ervices, Inc
		Firm/ Company	
	4525 SW Wabash	n Street	
		Address	
	Port Saint Lucie, I	FL 34953	
		City/ State and Zip Code	
eflo	concretecutting@y	ahoo com	
		ed for future annual report	notification)
			,
For further information	n concerning this matter, please	e call:	
Abel Bonilla		at (954	、818-3523
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	ayable to the Florida Depa	ertment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

## **Articles of Amendment** Articles of Incorporation

of		
South Florida Concrete Cutting Services,	, Inc.	
(Name of Corporation as currently filed with the F	lorida Dept. of State)	-
P08000073255		
(Document Number of Corporation (i	f known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
		_The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must P.A."	
B. Enter new principal office address, if applicable:	4525 SW Wabash Street	_
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Port Saint Lucie, FL	200
	34953	<b>商</b>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEP 27 21
		الله الله الله الله الله الله الله الله
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address		·
Name of New Registered Agent	_	
Nume of New Negatierea Agent		
(Florida str	reet address)	
New Registered Office Address:	. Florida	
(City)		_

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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 <math>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> <u>J</u>	ohn Doe	
X Remove	<u>v</u> <u>N</u>	<u> Mike Jones</u>	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	<u>D</u>	Abel Bonilla	4525 SW Wabash Street
Add			Port Saint Lucie, FL
Remove			34953
2) Change	Р	Jazmin E. Nunez	4525 SW Wabash Street
X			Port Saint Lucie, FL
Remove			34953
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).		
	(	
100000000000000000000000000000000000000		
san amendment provides for an eych	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	ndment if not contained in the amendment itself;	
(if not applicable, indicate N/A)		
W. W		
	1	

The date of each amendment(s) a	doption: 09/25/2012
Effective date if applicable:	9/25/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder
■ The amendment(s) was/were adaction was not required.	lopted by the incorporators without shareholder action and shareholder
Dated 09/25	/2012
Signature	O Ble
	director, president of other officer - if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
аррон	Red Houciary by that fiduciary)
	Abel Bonilla
	(Typed or printed name of person signing)
	Director
	(Title of person signing)