00084512

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| | | |
| (Ad | ldress) | <u> </u> |
| | | |
| (Ac | ldress) | |
| (| , | |
| (0) | . (C) . (C) . (D) | 10 |
| (Ci | ty/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| ☐ PICK-UP | L WAII | MAN |
| | | |
| (Bı | isiness Entity Nam | ne) |
| | | |
| (Dc | ocument Number) | |
| · | | |
| Certified Copies _ | Certificates | of Status |
| Certified Copies | _ Centificates | or Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400328297114

S TALLENT

JUN 0 4 2019

U5/17/19--U10U7--U12 **52.50

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: Concrete Complete | Inc. | |
|--------------------------|--|--|--|
| DOCUMENT NUMB | ER: | | |
| | of Amendment and fee are sul | bmitted for filing. | |
| Please return all corres | pondence concerning this mat | ter to the following: | |
| | Betty Herron | | |
| • | | Name of Contact Person | |
| | Concrete Complete Inc. | | |
| | | Firm/ Company | |
| | 151 N Nob Hill Road #166 | | |
| | | Address | |
| | Plantation, Florida 33324 | | |
| | | City/ State and Zip Code | • |
| | | • | , |
| concr | etecompleteinc@gmail.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | n concerning this matter, pleas | se call: | |
| Betty Herron | | 954 at (| 279-4107 |
| Name o | of Contact Person | Area Coo | de & Daytime Telephone Number |
| Enclosed is a check fo | r the following amount made | payable 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) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amo Div P.O | ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314 | Amend Divisio Clifton | Address Iment Section on of Corporations Building Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| Concrete Complete, Inc. | |
|---|---|
| (Name of Corporation as current | y filed with the Florida Dept. of State) |
| P10000084512 | |
| (Document Number o | f Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| C. Enter new mailing address, if applicable: | in a state of the |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | 177 0 |
| | |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address | |
| Name of New Registered Agent | |
| | |
| (Florida st | reet address) |
| | |
| New Registered Office Address: | (City) , Florida (Zip Code) |
| | , |
| | |
| New Registered Agent's Signature, if changing Registered Agent | <u>:</u> |
| Thereby accept the appointment as registered agent. I am familiar | with and accept the obligations of the position. |
| | |
| | |
| e: | Registered Agent, if changing |
| Signature of New 1 | лекіменей лікет, ў спанктк |

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> <u>J</u> | ohn Doe | |
|----------------------------|--------------------|-------------------|---------------------------|
| X Remove | <u>v</u> <u>s</u> | Mike Jones | |
| X Add | <u>sv</u> <u>s</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) X Change | P | Kenneth Herron II | 151 N Nob Hill Road #166 |
| Add | | | Plantation, Florida 33324 |
| Remove | | | |
| 2) X Change | CFO | Kenneth Herron II | 151 N Nob Hill Road #166 |
| Add | | | Plantation, Florida 33324 |
| Remove | | | |
| 3) Change | D/CM | Robert P. Beach | 1361 SW 56th Avenue |
| Add | | | Plantation,Florida 33317 |
| X Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | ticles, enter change(s) ho (Be specific) | | | |
|--|---|------------------------|---------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | <u> </u> | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | . |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| - | | | | |
| | <u></u> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | shangs reclassification | , or cancellation of i | sued shares. | |
| lf an amendment pr <u>ovides for an ex</u> | change, reclassification | ad in the amondman | t itself: | |
| provisions for implementing the an | rendment if not contain | ed in the amendmen | | |
| (if not applicable, indicate N/A) | nendment if not contain | ed in the amendmen | _ | |
| (if not applicable, indicate N/A) | nendment if not contain | ed in the amendmen | | |
| (if not applicable, indicate N/A) | nendment if not contain | ed in the amendmen | | |
| (if not applicable, indicate N/A) | nendment if not contain | ed in the amendmen | | |
| (if not applicable, indicate N/A) | nendment if not contain | ed in the amendmen | | |
| (if not applicable, indicate N/A) | nendment if not contain | ed in the amendmen | | - |
| (if not applicable, indicate N/A) | nendment if not contain | ed in the amendmen | | |
| If an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A) | nendment if not contain | ed in the amendmen | | |
| (if not applicable, indicate N/A) | nendment if not contain | ed in the antendmen | | |
| (if not applicable, indicate N/A) | nendment if not contain | ed in the amendmen | | |
| (if not applicable, indicate N/A) | nendment if not contain | ed in the amendmen | | |

| | 05/15/2019 | |
|---|---|---------------------------|
| The date of each amendment(s) | adoption: | , if other than the |
| date this document was signed. | | |
| | 5/15/2019 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the | s block does not meet the applicable statutory filing requirements, this date Department of State's records. | will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were a by the shareholders was/were | idopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. | |
| ☐ The amendment(s) was/were a must be separately provided j | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): | nt |
| "The number of votes ca | ast for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| action was not required. The amendment(s) was/were a | adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder | |
| action was not required. | | |
| 05/15/20 | 019 | |
| Dated | | |
| | | |
| selec | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) | |
| | Kenneth Herron II | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |