## P11000089166

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (Address)                               |
| (Addiess)                               |
| (City/State/Zip/Phone #)                |
| , , , ,                                 |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| ,                                       |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



900351755139

09/10/20--01005--020 \*\*43.75

2020 SEP 10 PH 12: 58

OCT 21 2020 M. SOLOMON

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPO          | PRATION: ORTIZ CONCRE   | TE INC.  |  |  |  |  |  |
|------------------------|---|--|--|--|--|--|--|
| DOCUMENT NUM           | IBER: P11000089166  |  |  |  |  |  |  |
| The enclosed Article   | s of Amendment and fee are su   | bmitted for filing.  |  |  |  |  |  |
| Please return all corr | espondence concerning this ma   | tter to the following:   |  |  |  |  |  |
|                        | YULISSA ORTIZ   |  |  |  |  |  |  |
|                        | Name of Contact Person ORTIZ CONCRETE INC   |  |  |  |  |  |  |
|                        | Firm/ Company   |  |  |  |  |  |  |
|                        | PO BOX 636  |  |  |  |  |  |  |
|                        | Address   |  |  |  |  |  |  |
|                        | INTERCESSION CITY, FL 33848   |  |  |  |  |  |  |
|                        | City/ State and Zip Code  |  |  |  |  |  |  |
|                        | ortizconcrete51@gmail.com   |  |  |  |  |  |  |
|                        | E-mail address: (to be us   | sed for future annual report                                     | notification)  |  |  |  |  |
| For further informati  | on concerning this matter, pleas  | se call:   |  |  |  |  |  |
| YULISSA ORTIZ          |   | at (407  | 715-4094   |  |  |  |  |
| Name                   | of Contact Person   |  | de & Daytime Telephone Number  |  |  |  |  |
| Enclosed is a check f  | or the following amount made  | payable to the Florida Depa                                      | artment of State:  |  |  |  |  |
| □ \$35 Filing Fee      | ■\$43.75 Filing Fee & Certificate of Status   | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                 |  |  |  |  |
| An<br>Div<br>P.C       | niling Address tendment Section vision of Corporations D. Box 6327 lahassec, FL 32314 | Amend<br>Divisio<br>The Co<br>2415 N                             | Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303 |  |  |  |  |

## Articles of Amendment to Articles of Incorporation of

| $\sim$ | 2  | 17  | ~~  | 1 / OF | CTT | 1110 |
|--------|----|-----|-----|--------|-----|------|
| U      | ĸı | IZ. | CO. | NUK    | ETE | INC. |

| (Name   | of Corporation as current       | ly filed with the Flori     | da Dept. of State)             |                            |    |
|---|---------------------------------|-----------------------------|--------------------------------|----------------------------|----|
| P11000089166  |                                 |                             |                                |                            |    |
|   | (Document Number o              | f Corporation (if know      | vn)                            | <del></del>                |    |
| Pursuant to the provisions of section 607 its Articles of Incorporation:  | .1006, Florida Statutes, this   | Florida Profit Corpor       | vation adopts the following an | nendment(s) 1              |    |
| A. If amending name, enter the new n  | ame of the corporation:         |                             |                                |                            |    |
| N/A   |                                 |                             |                                |                            |    |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association," | Corp," "Inc," or "Co". A        | 1 professional corpor       | orated" or the abbreviation "t | e new<br>Corp.,"<br>e word |    |
| B. Enter new principal office address,  | if applicable:                  | N/A                         |                                |                            |    |
| Principal office address MUST BE A S  | TREET ADDRESS )                 |                             |                                | <del></del>                |    |
|   |                                 |                             |                                |                            |    |
|   |                                 |                             | <u> </u>                       |                            |    |
| C. Enter new mailing address, if appl<br>(Mailing address MAY BE A POST   | <u>icable:</u><br>OFFICE BOX)   | N/A                         |                                |                            |    |
|   |                                 |                             |                                |                            |    |
|   |                                 |                             |                                | <b>—</b> 2020              |    |
|   |                                 |                             |                                | — 35 SEP                   | 7  |
| <ol> <li>If amending the registered agent an<br/>new registered agent and/or the new</li> </ol>                         | nd/or registered office address | ress in Florida, enter<br>: | the name of the                | 0 10                       |    |
| Name of New Registered Agent  | N/A                             | <u>-</u>                    |                                | (T)                        | ir |
| Name of New Negoterea Agent   | <del></del>                     |                             |                                | PH 12:                     |    |
|   | (Florida stre                   | eet address)                |                                | .≟ <u>.</u> Ω              |    |
| New Registered Office Address:  |                                 |                             | , Florida                      | € 60                       |    |
|   |                                 | (City)                      | (Zip Code)                     | <del></del>                |    |
|   |                                 |                             |                                |                            |    |
| lew Registered Agent's Signature, if c  | hanging Registered Agent:       | :                           |                                |                            |    |
| hereby accept the appointment as regist   | ered agent. I am familiar w     | vith and accept the obi     | igations of the position.      |                            |    |
|   |                                 |                             |                                |                            |    |
| <del></del>   |                                 |                             |                                |                            |    |
|   | Signature of New Re             | egistered Agent, if cha     | nging                          |                            |    |
| 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, an address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

\_\_\_\_ Remove

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 = Chi Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office hel 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 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 <u>PT</u> John Doe X Remove $\underline{\mathbf{v}}$ Mike Jones X Add <u>sv</u> Sally Smith Type of Action Title Name <u>Address</u> (Check One) JORDAN ORTIZ 1630 CALOOSA ST 1) \_\_\_\_ Change **INTERCESSION CITY, FL 33848** \_ Add \_\_\_\_ Remove 2) \_\_\_\_ Change \_\_\_ Add Remove 3) \_\_\_ Change \_\_\_ Add Remove 1) \_\_\_\_ Change \_\_\_ Add Remove Change \_\_\_ Add \_\_\_ Remove i) \_\_\_\_ Change \_\_\_\_ Add

2020 SEP 10 PM 12: 58

| . • 09/04/2020 .   |                     |
|--|---------------------|
| The date of each amendment(s) adoption:  | , if other than th  |
| 09/04/2020 Effective date if applicable:   |                     |
| (no more than 90 days after amendment file date)   |                     |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records.                      | not be listed as th |
| Adoption of Amendment(s) (CHECK ONE)   |                     |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and staction was not required.  | hareholder          |
| ☐ The amendment(s) was/were adopted 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)   |                     |
| 09/042020<br>Dated   |                     |
| Signature Mayor Out  | «. <b>~</b>         |
| (B) a director, president or other officer - if directors or officers have not been  | 202 <b>0</b>        |
| elected, by an incorporator - if in the hands of a receiver, trustee, or other court   | 38 mg               |
| appointed fiduciary by that fiduciary)   |                     |
| YULISSA ORTIZ  |                     |
| (Typed or printed name of person signing)  | — ig 😦 🔟            |
| PRESIDENT  | PHIZ:               |
| (Title of person signing)  | —— ĝଳ <b>ଅ</b>      |