P1300041555

	(Req	uestor's Name	e)	
	(Add	ress)		
	(Add	ress)		
 	(City	/State/Zip/Pho	ne #)	
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	(Bus	iness Entity N	ame)	
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C. GOLDEN
DEC 1 8 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AA PROFESSION	VAL CONCRETE, INC	<u></u>	
DOCUMENT NUM	P13000041555			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	LAY CASAS			
		Name of Contact Person	1	
	AA PROFESSIONAL CONCRETE, INC			
		Firm/ Company		
	315 SW 121ST AVENUE			
		Address		
	MIAMI, FL 33184			
		City/ State and Zip Cod	e	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
LAY CASAS		786	606-3101	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or 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)	
Ma	illing Address	·	Address	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations Clifton Building		
), Box 6327 lahassee, FL 32314		Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

AA PROFESSIONAL CONCRETE, INC

2018 DEC 11 AM 11: 44

to

(Name of Corporati	ion as currently filed with the Florida Dept. of State), _ ARY OF STAT
P13000041555	TALLAHASSEE, FL
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the co	orporation:
N/A	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable	SAME
(Principal office address MUST BE A STREET ADI	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>
D. If amending the registered agent and/or registe	
new registered agent and/or the new registered	office address:
Name of New Registered Agent SAME	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	vistered Agent: I am familiar with and accept the obligations of the position.
т неголу ассерт то арранители из гехалегой адет.	A am familiar with und accept the omigations of the position.
Sierr	pature 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	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	VP	ANDRES CAMPOS LINARES	4630 W FLAGLER ST APT 1
X Add			CORAL GABLES, FL
Remove			33134
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).		
·		
		
If an amandment provides for an arch	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the amen	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A) % STOCK SHARES: LAY CASAS		
0% STOCK SHARES: ANDRES CAMPO	POS LINARES	

•'	DECEMBER 7, 2018	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
1	DECEMBER 7, 2018	
Effective date if applicable:	(no more than 90 days after amendment file	
	(no more blan > days ager amerament file	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing require Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The fol- for each voting group entitled to vote separately on the amen	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and s	shareholder
DECE	ABER 7, 2018	
Dated		
C :	Makes.	
Signature (By	a director, bresident or other officer – if directors or officers	have not been
sele	cted, by an incorporator - if in the hands of a receiver, trustee	
арг	ointed fiduciary by that fiduciary)	
	LAY CASAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	