P14000013459

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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations	A S	
NAME OF CORPORATION: KONK DOCUMENT NUMBER: Plu	Krete Solutions, Inc. \$\frac{1}{2}	AUG 20 PM 1:03
The enclosed Articles of Amendment and fee are su	ubmitted for filing.	FST -
Please return all correspondence concerning this ma	atter to the following:	器品
Konkrete 2122 Dorsin Delray Beach info @ Konk	Name of Contact Person Solutions, Inc. Firm/ Company Note: Address H, FL 33445 City/ State and Zip Code Kretes of Lutions. Company ased for future annual report notification)	v
For further information concerning this matter, pleas	ase call:	
Ashla Johnson Name of Contact Person	at (679) 539 - 0004 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made		
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)
Kon Krete Solutions, Inc. / P14000013459
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Delray Beach, FL 33445
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Delray Beach, FL 33445
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent ASh Id John Son
2122 DOGIN WAY (Florida street address)
New Registered Office Address: Delray Beach, Florida 33445 (City) (City) (Zip CodeP cs. 7
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.
John phone
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 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 Ramova, and Sally Smith. SV as an Add

Mike Jones, V as Remov Example:	e, and Sai	lly Smith, SV as an Add.	TAL SE
X Change	<u>PT</u>	John Doe	AUG ECRE
X Remove	<u>V</u>	Mike Jones	FILLAHASSE
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address PH : 03
1) Change	VP	Adolfo Jimenez	5620 Forragut St.
Add			Hollywood, FL 3302
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		-	
Remove			

amending or adding additional attach additional sheets, if necessar		NIA		SECRETARISSE TELORITE
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an amendment provides for an e rovisions for implementing the	exchange, reclassificat	ion, or cancellation of i	issued shares,	
(if not applicable, indicate N/A)	amen in the amenante	11 1134111	
	NA			
		 		

The date of each amendment(s) adoption: 5/13/14 date this document was signed.	_, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	-
Adoption of Amendment(s) (CHECK ONE)	
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):	AUG 20
"The number of votes cast for the amendment(s) was/were sufficient for approval	R D
by" OF CONTROL (voting group)	1:03
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
ASHIA JOHNSON (Typed or printed name of person signing)	-
President	
(Title of person signing)	-