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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RESENDIZ C	ONCRETE, INC.
DOCUMENT NUMBER: p-15000040478	
The enclosed Articles of Amendment and fee a	e submitted for filing.
Please return all correspondence concerning this	smatter to the following:
	SALVADOR RESENDIZ CASTRO
	Name of Contact Person
	RESENDIZ CONCRETE, INC.
	Firm/ Company
5142 Pine Grove Dr.	
	Address
West Palm Beach, FL 33	417
	City/ State and Zip Code
Jvela@paychex.c	 om
	be used for future annual report notification)
	·
For further information concerning this matter.	 please call:
salvador Resendiz Castro	at () 286-5295
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
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 \mathbf{of}

ROSEND	IZ CONCRETE, INC.
(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
P- 15000040478	
	1 60 : (7)
(Document Nui	mber of Corporation (if known)
tursuant to the provisions of section 607,1006. Florida Statute s Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s
	•
If amending name, enter the new name of the corporati	<u>lon:</u>
	The new
ame must be distinguishable and contain the word "corp	poration," "company," or "incorporated" or the abbreviation
	" or "Co". A professional corporation name must contain the
vord "chartered," "professional association," or the abbrevi	ation "P.A."
	* 78.7
3. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	26 第 四
	m - Es
. Enter new mailing address, if applicable:	五次 王
(Mailing address MAY BE A POST OFFICE BOX)	ب اینی ا
(making duaress MAT DI. AT 051 011 (C. BOX)	
	Σ.1 \$ CO
	
). <u>If amending the registered agent and/or registered offic</u>	
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent	
(Fio	orida street address)
New Registered Office Address:	. Florida
iven Registeren Office Authena.	(City) (Zip Code)
	(mp cour)
iew Registered Agent's Signature, if changing Registered	Agent;
hereby accept the appointment as registered agent. I am far	miliar with and accept the obligations of the position.
	<u>.</u>
Signature of	New Registered Agent, if changing

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or D , if necess rector titl President = Chief I er, Directol in the four	irector being ary) e by the first l ; T= Treasur, Financial Offitor would be P blowing mann orporation, S	added: etter of the office title: er; S= Secretary; D= Director; TR= cer. If an officer/director holds mon TD. er. Currently John Doe is listed as the ally Smith is named the V and S. The.	er/director being removed and title, name, and = Trustee: C = Chairman or Clerk: CEO = Chief re than one title, list the first letter of each office he PST and Mike Jones is listed as the V. There is se should be noted as John Doe, PT as a Change,
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>Nac</u>	hie 	<u>Addres</u> s
1) Change	V	CF	LARLIE JESUS ROSENDIZ	6357 Bula Alex Cay
A Add				Lantana, FL 33462
Remove				
2) Change		_		
Add				
Remove				
3) Change		-		
Add				
Remove				
4) Change		- <u> </u>		
Add				
Remove				
5) Change		- <u> </u>		
Add				
Remove				
6) Change		- -		·

___ Add

___ Remove

cles enter change(s) here: (Be specific)
ange, reclassification, or cancellation of issued shares,
ndment if not contained in the amendment itself:
-

		28/2017	
The date of each amendment date this document was signed			_, if other than the
Effective date <u>if applicable</u> :	08/28/2017	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the		t meet the applicable statutory filing requirements, this date will i	not be listed as the
Adoption of Amendment(s)	(<u>CH)</u>	 <u>ECK ONE</u>) 	
☐ The amendment(s) was/wer by the shareholders was/we		hareholders. The number of votes cast for the amendment(s) proval.	
		shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amend	 dment(s) was/were sufficient for approval 	
by		."	
	(vot i	ng group)	
■ The amendment(s) was/wer action was not required.	e adopted by the b	oard of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the i	ncorporators without shareholder action and shareholder	
08/2: Dated	8/2017		
Signature	Sa 10.	actor Resendis	_
se		dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)	
	SALVADO	 R RESENDIZ CASTRO 	
	Γ)	Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	