P15000080138

(Re	equestor's Name)	_
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	_
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>ROLDAN PUMPING</u> CONCRETTE INC
DOCUMENT NUMBER: P1500080138
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ARMANDO RUDAN RIVERDI Name of Contact Person RUGAN PUMPING, CONTRETTE INC Firm/ Company 3780 23°D AVE SW Address NAMES, TL 34117 City/ State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
HEMANDO FOLIAN RIVEROS at (239) 307 - 7766 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Status □ \$43.75 Filing Fee Certificate of Status □ \$43.75 Filing Fee Certificate of Status □ \$52.50 Filing Fee Certificate of Status □ \$643.75 Filing Fee Certificate □ \$643.75 Filin
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

PODAN PONDING	GONCRETE AFRE 20 PH 2:17
P15000080138	The with the Florida Dept. of thate,
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the 2.A."
B. Enter new principal office address, if applicable:	3780 23PD AVE SW
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	3780 23PD AVE SW NAPULS, FL 34117
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5780 ZERD AVE SW NAPLES, FL SHIT
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Sionature of New Re	rgistered 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 Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>V</u>	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change	P	_	HEMANDO FOLMAN FINEFOU	3780 232D AVE SW
Add				NAPLES , FL 34147
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

). (Be specific)				
CHANGE	OF AT	DEGC(
CHUNCH		VP() 7				
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		xchange, reclassif mendment if not o				
(if not applica	ble, indicate N/A))	omtained in the a	inendation rescri	<u>•</u>	
		 				
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						_

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(по то	e than 90 days after amendment file date)
Note: If the date inserted in this block does not meet t document's effective date on the Department of State's re	ne applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK O	<u>E</u>)
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group er	
"The number of votes cast for the amendment(s)	was/were sufficient for approval
by(voting group	
(voting group)
☐ The amendment(s) was/were adopted by the board of action was not required.	lirectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporation was not required.	tors without shareholder action and shareholder
Dated 11/11/19	
	ther officer – if directors or officers have not been - if in the hands of a receiver, trustee, or other court
appointed fiduciary by that f	
	NDO RODAN LIVEROS
	printed name of person signing)
j-	PESIDENT

(Title of person signing)