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16 SEP -6 MIII:

COVER LETTER

Division of Corporations NAME OF CORPORATION: MARDAN AGGREGATES, INC DOCUMENT NUMBER: P16000042320 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FERNANDO SILVA Name of Contact Person CAMPANA GROUPS, INC Firm/ Company 1761 W. HILLSBORO BLVD #324 Address DEERFIELD BEACH, FL 33442 City/ State and Zip Code FERNANDO@CAMPANAGROUPS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 228-0706

Area Code & Daytime Telephone Number FERNANDO SILVA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation

FILED
16 SEP -6 AHII: 55

MARDAN AGGREGATES, INC		SECRETARY OF STATE
(Name of Corporati	ion as currently filed with the l	forida Dept. of State)
P16000042320		
(Docum	ment Number of Corporation (if l	known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	a Statutes, this <i>Florida Profit Co</i>	prporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the wor "Corp" "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A professi	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
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 registered new registered agent and/or the new registered Name of New Registered Agent		nter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		he obligations of the position.

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, (f 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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	D	ANDRE ROITBERG BARATZ	11093 CANARY ISLAND CT	
X Add			PLANTATION, FL 33324	
Remove				
2) Change	D	BRUNO ROITBERG BARATZ	11093 CANARY ISLAND CT	
X Add			PLANTATION, FL 33324	
Remove	S	ILDEGAR PADRINO	23162 POST GARDENS WAY	
3) Change X			APT 714	
Add Remove			BOCA RATON, FL 33433	
4) Change				
Add				
Remove				
5) Change			•••	
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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	· · · · · · ·
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendmendate this document was signed	
_	
Effective date if applicable	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	vere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
"The number of vot	es cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/w action was not required.	vere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/waction was not required.	vere adopted by the incorporators without shareholder action and shareholder
09/0 Dated	02/2016
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)
	MARCELO BARATZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)