# Placoco 42748

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JAN 15 2020 C Kinsey

# COVER LETTER

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: Amendment Section Division of Corporations

AME OF CORPOR	ATION: C & H ASPHALT	& PAVING, INC.	
OCUMENT NUMB		· -	
	of Amendment and fee are su	bmitted for filing.	
lease return all corresp	pondence concerning this ma	tter to the following:	
ł	MARTA M. FUERTES, CPA		
		Name of Contact Person	n
ŀ	MARTA M. FUERTES, CPA	\	
-		Firm/ Company	
	12186 SW 131 AVENUE		
-		Address	
1	MIAMI, FL 33186		
-		City/ State and Zip Cod	e
mmfue	ertes@mfuertescpa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
101 Internet mornation	Concerning this matter, pread	se curr.	
MARTA M. FUERTE		at (786	) 344-6164 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio The C 2415 I	Address Ilment Section on of Corporations fentre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

# Articles of Amendment to Articles of Incorporation of

\	y filed with the Florida Dept. of State)	
6000042748		
(Document Number of	f Corporation (if known)	_
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)	to
If amending name, enter the new name of the corporation:		
	The new	
me must be distinguishable and contain the word "corporation," "onc.," or Co.," or the designation "Corp," "Inc," or "Co". A hartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word	
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office additional and/or registered and/or registered office additional and/or registered and/or register		•
new registered agent and/or the new registered office address  Name of New Registered Agent	<u> </u>	-  1
(Florida str	eet address)	•
New Registered Office Address:	, Florida	

tress of each Office tach additional shee wase note the officer/c= President; V= Vice ecutive Officer; CFO esident, Treasurer, Duanges should be note change, Mike Jones le	r and/or 1 ts, if neces lirector tit e Presiden = Chief F virector wo ed in the fo eaves the o	Director being added: sary) le by the first letter of the t; T= Treasurer; S= Secre inancial Officer. If an offi- ould be PTD. dlowing manner. Current	office title: etary: D= Director: TR icer/director holds more lv John Doe is listed as	= Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office held. the PST and Mike Jones is listed as the V. There is ese should be noted as John Doe, PT as a Change,
X Change	PT	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	VP	JOSE LUIS FI	ERNANDEZ	820 SAN PEDRO AVE
X Add				CORAL GABLES, FL 33156-6339
Remove				
2) Change				<del>_</del>
Add				<u> </u>
Remove				
3) Change				
Add				<del></del>
Remove				
4) Change				
Add				
Remove				<u> </u>
5) Change		<del>-</del>		
Add				
Remove				
6) Change			<del></del>	<del></del>
Add				<del></del>
Remove				
		P	age 2 of 4	
E. If amending or add	ling addit	ional Articles, enter char	ige(s) here:	

(Attach additional sheets, if necessary). (Be specific)

THE CORRECT FEDERAL IDENTIFICATION NUMBER IS #81-2709089.

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n the

te: 1f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nument's effective date on the Department of State's records.

## option of Amendment(s)

## (CHECK ONE)

PRESIDENT

(Title of person signing)

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):

by	·
	(voting group)
The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action and shareholder
action was not required.  Dated Dece	By a director, president or other officer – if directors or officers have not been related, by an incorporator – if in the hands of a receiver, trustee, or other court
;	appointed fiduciary by that fiduciary)
	CARLOS M. PARODI