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(Re	equestor's Name)	
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2016 DEC 19 PM 2: 36

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	CUTS N' HOLES	CONCRETE SOLUTIONS	S CORP
DOCUMENT NUME	P16000074877		· ·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	•
	GILVAM F DOS SANTOS		
		Name of Contact Perso	n
	GFS TAX & ACCOUNTING	G SERVICES	
		Firm/ Company	
	2005 W CYPRESS CREEK	RD STE 100	
		Address	
	FT LAUDERDALE FL 3330)9	
		City/ State and Zip Cod	е
GIL6	H@LIVE.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
GILVAM DOS SANT	ros	954 at (9408322
Name o	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor	Address dment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORAT

2016 DEC 19 PM 2: 36

CUTS N' HOLES CONCRETE SOLUTIONS CORP

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the folloits Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name mword "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 16320 SOUTH POST RD APT 304 WESTON FL 33331	The new The new or the abbreviation name must contain the	
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(Mailing address MAY BE A POST OFFICE BOX)	304	
	WESTON FL 33331	
	·	
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:	<u>the</u>	
Name of New Registered Agent		
·		
(Florida street address)		
New Registered Office Address: , Florida (City)		
City	ida	

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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	,
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	MARCELO DA SILVA	22545 SW 66TH AVE UNIT 209
Add X Remove			BOCA RATON FL 33428
2) Change	VP	MARCELO PASSOS	16320 SOUTH POST RD APT 304
Add			WESTON FL 33331
Remove 3) Change	P	MARCELO PASSOS	16320 SOUTH POST RD APT 304
X Add Remove			WESTON FL 33331
4) Change Add Remove			
5) Change Add			
6) Change			
Add			

E., If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
N/A			
	,		
F. If an amendment provides for an exchange, reclassi	ification or cancellation of issued shares		
provisions for implementing the amendment if not	contained in the amendment itself:		
(if not applicable, indicate N/A)			
· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) a	loption:		_, if other than th
date this document was signed.	-	SECRETARY DIVISION OF CO	DF STATE
Effective date if applicable:			
	(no more than 90 days after am	nendment file date)2016 DEC 19	PM 2: 36
Note: If the date inserted in this to document's effective date on the De	plock does not meet the applicable statutory partment of State's records.	filing requirements, this date will	not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of vot fficient for approval.	es cast for the amendment(s)	
	proved by the shareholders through voting groeach voting group entitled to vote separately		
"The number of votes cast	for the amendment(s) was/were sufficient for	approval	
by		.,,	
,	(voting group)		
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareh	older action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholde	r action and shareholder	
DECEMBI Dated	ER 13, 2016	_	
(By a d	irector, president or other officer – if director d, by an incorporator – if in the hands of a rected fiduciary by that fiduciary)		_
	GILVAM F DOS SANTOS		
	(Typed or printed name of person	signing)	
	INCORPORATOR		
	(Title of person signi	ng)	