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And

JUL 28 2017

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	DECOILATIVE	CONCRE	TE DESIGNS OF	FLOKIDA Ide
DOCUMENT NUMBER:	P160000 78	1312		_
The enclosed Articles of Amendm	ent and fee are submitte	d for filing		_
Please return all correspondence co				
	THOMAS	5 J KASE	12	•
	Nan	ne of Contact Pe	tson	
DECORE	TIVE CONCRETE	DESIGNS	S OF FLORIDA IN	(
		Firm/ Company		
		ESTLUIND		
		Address		
	PANEAPOI	U, FL	33696	
	City/	State and Zip C	ode	
15	KASERO GI	יי וונונר		
E-mail a	idress: (to be used for fi	thire annual cape	/ · /	
	,	та с аппал терк	ht Bodicadon)	
For further information concerning the	us matter, please call:			
THOMIAS KA	S.F.R	11-5	1550	
Name of Contact Pers			558-1326	•
		Area C	ode & Daytime Telephone Nun	nber
Enclosed is a check for the following	amount made payable to	the Florida De	partment of State:	
☐ \$35 Filing Fee ☐\$43.75	Filing Fee & S43.7 ste of Status Certi	75 Filing Fee & fied Copy tional copy is	☐\$52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Amene Divisio Clifton 2661 E	Address dment Section on of Corporations Building executive Center Circle assec, FL 32301	

Articles of Amendment

Articles of Incorporation

of

DECORATIVE C	ONCRETE DESIG	NS OF FLURIDA INC
(Name of Corpor	ation as currently filed with	the Florida Dept. of State)
	P1600007831)
(Doc	ument Number of Corporatio	n (if known)
Pursuant to the provisions of section 607.1006, Floritis Articles of Incorporation:	• • • • • • • • • • • • • • • • • • •	
A. If amending name, enter the new name of the	corporation:	NJA
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	prd "corporation," "compar p," "Inc," or "Co". A pro e abbreviation "P.A."	The new ny," or "incorporated" or the abbreviation fessional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	DRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO). If amending the registered agent and/or register new registered agent and/or the new registered agent.		
new registered agent and/or the new registered	office address:	t, enter the name of the
Name of New Registered Agent		N/A
<u></u>	(Florida street address)	
New Registered Office Address:		
	(City)	, Florida (Zip Code)
w Registered Agent's Signature, if changing Regi	Stered Agent	
ereby accept the appointment as registered agent. I	am familiar with and accept	the obligations of the position.
Signai	ure of New Registered Agent	if changing

(Attach additional she Please note the officer P = President; V= Vi Executive Officer; CF held. President, Treas Changes should be no a change, Mike Jones	tets, if necest director tile ce Presider O = Chief urer, Direct ted in the fo leaves the c	ssary) stary) stary) the by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= Di. Financial Officer. If an officer/director tor would be PTD. pllowing manner. Currently lake Decidents	ractor; TR= r holds mor	er/director being removed and title, name, and Trustee; C = Chairman or Clerk; CEO = Chief e than one title, list the first letter of each office e PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe		
X Remove	\underline{v}	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Address</u>
1)Change		GREGORY KNI	SHT	1282 GRADY LAINE
Add				DAVENPORT, FL 33896
Remove				
2) Change				
Add				
Remove				
3) Change	 -			
Add				
Remove				
4) Change				
Add			1	•
Remove				
_ _				
5) Change			<u> </u>	
Add				
Remove			1	
б) Change				
Add			1	
Remove				

5)

stach additional sheets, if necessary). (Be specific)	NIA
	N/A
	
	<u> </u>
amendment provides for an exchange, reclassification, or cancel	Hada- of J
	llation of issued shares,
	mendment itself:
	llation of issued shares, inhendment itself:
	mendment itself:
	mendment itself:
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	mendment itself:
	mendment itself:
	mendment itself:
amendment provides for an exchange, reclassification, or cancel visions for implementing the amendment if not contained in the a (if not applicable, indicate N/A)	mendment itself:

date this document was signed.	JUNE L, 0		_, if other than the
Effective date if applicable:	JUNE 1, 201	7	
	(no more than 90 days a	fter amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the sealings.	•	not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number approval.	of votes east for the amendment(s)	
□ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting group entitled to vote sepa	ng groups. The following statement rately on the amendment(s):	
"The number of votes cast for the amer			
by		,,	
by(vot	ing group)	 	
The amendment(s) was/were adopted by the action was not required.	board of directors without sl	hareholder action and shareholder	
The amendment(s) was/were adopted by the i action was not required.	ncorporators without shareh	older action and shareholder	
Signature JUNE ! (By a director, president of the standard of	lent or other officer - if dire	ectors or officers have not been	
appointed fiduciary l	porator - if in the hands of a	a receiver, trustee, or other court	
	THOMAS J K		
(Т	yped or printed name of per	son signing)	······································
- 	PAESIDE	NT	
	(Title of person sig	gning)	