## P160000 92220

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: RMX Contracting Services Inc. DOCUMENT NUMBER: P16000092220 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Barbara Ifft Name of Contact Person RMX Contracting Services Inc. Firm/ Company 10752 Deerwood Park Blvd. #100 Address Jacksonville, FL 32256 City/ State and Zip Code info@rmxconstruction.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (855 ) 769-6262

Area Code & Daytime Telephone Number Barbara Ifft Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

RMX Contracting Services Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P16000092220 (Document Number of Corporation (if known)

2019 OCT

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following afreedoment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: n/a name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "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: n/a (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the 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, 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike_Jo	<u>nes</u>	
<u>X</u> Add	<u>sv</u>	Sally Su	nith_	
Type of Action (Check One)	Title		Name	Address
1) Change	P		Lora Knopf	 
Add X Remove				
2) Change	<u>S</u>	_	Lora Knopf	 <del></del>
Add X Remove 3) Change	<u>T</u>	_	Lora Knopf	 
Add X Remove				
4) Change X Add P	D	_	Barbara Ifft	 
Remove  5) Change Add		_		
Remove				
Add Remove		_		

E. If amending or adding addition (Attach additional sheets, if nece.	ssary). (Be specific)	1145131,11515		
√a				
				<del></del> ,
	-			
code:				
<ul> <li>If an amendment provides for a provisions for implementing the</li> </ul>	<u>in exchange, reclassif</u> he amendment if not (	<u>ication, or cancellat</u> contained in the ame	ion of issued shares, endment itself:	
(if not applicable, indicate			<del></del>	
1/a				
			·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
9/30/2019	
Effective date if applicable:	
(no more than 90 days after amendment file	e date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	ne amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
by	
<ul> <li>The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.</li> <li>The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.</li> </ul>	
9/30/2019 Dated	
(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	e, or other court
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Pres. Deni	
(Title of person signing)	<del>-</del>