Plycaco - 41

| (Reque | stor's Name) | |
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| (City/Sta | ate/Zip/Phone # |) |
| PICK-UP | WAIT | MAIL |
| (Busine | ss Entity Name) | |
| | | |
| (Docum | ent Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to Filing | g Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION:RAMIREZ CONS | TRUCTION AND MORE. | INC | |
|--------------------------|--|--|--|-------------|
| DOCUMENT NUME | BER: P17000002391 | | | |
| | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corres | spondence concerning this ma | tter to the following: | | |
| | LESLIE RAMIREZ | | | |
| | | Name of Contact Person | 1 | |
| | RAMIREZ CONSTRUCTIO | N AND MORE, INC | | |
| | | Firm/ Company | | |
| | 404 SENATE ST. | | | |
| | | Address | · · · · · · · · · · · · · · · · · · · | |
| | ABURNDALE, FL. 33823 | | | |
| | | City/ State and Zip Cod | e | |
| | leslier.05@icloud.com | | | ., |
| | E-mail address: (to be us | sed for future annual report | notification) | — <u>-</u> |
| For further informatio | n concerning this matter, plea | se call: | | |
| OZ LOPEZ | | at (863 | de & Daytime Telephone | |
| Name o | of Contact Person | Area Co | de & Daytime Telephone | Number |
| Enclosed is a check fo | r the following amount made | payable to the Florida Dep | artment of State: | |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Ame Divi P.O. | Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee2415 N. Monroe Street, Suite 810 | | 810 | |

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

| (<u>Name</u>) | of Corporation as curren | tly filed with the Florida Dept. o | of State) |
|--|---|--|--|
| P17000002391 | | | |
| | (Document Number | of Corporation (if known) | |
| Pursuant to the provisions of section 607, ts Articles of Incorporation: | 1006, Florida Statutes, thi | s <i>Florida Profit Corporation</i> adop | ots the following amendment(s) |
| A. If amending name, enter the new n | ame of the corporation: | | TI |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association." | Corp," "Inc," or "Co", | A professional corporation name | The new the abbreviation "Corp.," ne must contain the word |
| B. Enter new principal office address, Principal office address <u>MUST BE A S</u> | | SAME | |
| | | | . 1 |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | 2006 NORMA AVE | |
| | | HAINES CITY, FL. 33844 | |
| | | | |
|). If amending the registered agent ar new registered agent and/or the new | id/or registered office ad w registered office addre | dress in Florida, enter the name | of the Thi |
| Name of New Registered Agent | SAME | _ | |
| | 404 SENATE ST | | |
| | (Florida s | treet address) | |
| New Registered Office Address: | ABURNDALE | .]- | 33823 Torida |
| | | (City) | (Zip Code) |
| | | | |
| lew Registered Agent's Signature, if c hereby accept the appointment as regist | | | f the position. |
| | Signature of New | Registered Agent, if changing | |
| Check if applicable ☐ The amendment(s) is/are being filed p | ursuant to s. 607 0120 (11 |) (e). F.S. | |

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 | <u>V</u> | Mike Jones | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | VP | LESLIE RAMIREZ | 2006 NORAMA AVE |
| X Add | | | HANIES CITY, FL. 33844 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | : |
| Remove | | | |
| 4) Change | | | · · · · · · · · · · · · · · · · · · · |
| Add | | | |
| Remove | | | <u></u> |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | |
|--|----------------|
| RGIO RAMIREZ STAYS AS PRESIDENT, NO CHANGE. JUST ADDING LESLIE RAMIRI | EZ AS VP. |
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| If an amendment provides for an exchange, reclassification, or cancellation of issued share | |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | |
| (у по аррахион, таких ма) | |
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| The date of each amendment(s) addate this document was signed. | loption: | | , if other than th |
|--|--|-------------------------------------|--|
| Effective date if applicable: | | | |
| | (no more than 90 days after a | mendment file date) | |
| Note: If the date inserted in this b document's effective date on the De | ock does not meet the applicable statutory partment of State's records. | r filing requirements, this date wi | ll not be listed as th |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| The amendment(s) was/were ade action was not required. | pted by the incorporators, or board of direc | tors without shareholder action an | d shareholder |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of vofficient for approval. | otes cast for the amendment(s) | |
| | roved by the shareholders through voting geach voting group entitled to vote separated | | |
| "The number of votes cast | for the amendment(s) was/were sufficient for | or approval | |
| _by | | ·• | |
| | (voting group) | | ; |
| 04/30/2024 | | • | |
| Dateu | | | |
| $\setminus \setminus \subset$ | | - | |
| Signature | Dergio Kamiroz | | |
| | rectorAppesident or other officer – if directors, by an incorporator – if in the hands of a re | eceiver, trustee, or other court | in in its contract to the cont |
| | ed fiduciary by that fiduciary) | | ပ |
| | SERGIO RAMIREZ | 1-7 | ယ |
| | (Typed or printed name of perso | on signing) | |
| | PRESIDENT | | |
| | | | |