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## **COVER LETTER**

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	ATION: EML CONCRETE	INC	
DOCUMENT NUMB	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	EMILIO MIRANDA		
		Name of Contact Person	
	EML CONCRETE ING		
		Firm/ Company	
	4329 NW 53RD ST		
		Address	
	FT LAUDERDALE, FL 333	319	
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	emiliomiranda546@gmail.co	m	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	. concerning this matter, pleas	se call:	
Emilio Miranda		9546613263	` <b>)</b>
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depo	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.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address ment Section in of Corporations entre of Tallahassee § Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

EMI CONCRETEINC

EWIL CONGRETE INC		13 D (Ch.)	
( <u>Name of Corporat</u> 81-5089009	tion as currently filed with the Fl	orida Dept. 01 State)	
	ment Number of Corporation (if kr	nown)	
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	·		ing amendment(s
A. If amending name, enter the new name of the c	corporation:		
			The new
name must he distinguishable and contain the word "o "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	," or "Co". A professional cor	orporated" or the abbrevia poration name must cont	tion "Corp.," ain the word
B. Enter new principal office address, if applicable	<u></u>	<del> </del>	
(Principal office address <u>MUST BE A STREET AD</u>	<u>(DRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>OX</u> )		
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, en d office address:	ter the name of the	
Name of New Registered Agent	<del></del>		— <sub>N</sub>
	(Florida street address)		— <u> </u>
	(p)ortaa street udaress)	r9 1	- <del>-</del> -
New Registered Office Address:	(City)	, Florida <i>(Zi</i>	ip Code)
New Registered Agent's Signature, if changing Re	egistered Agent:		F ,
I hereby accept the appointment as registered agent.	I am familiar with and accept the	eobligations of the position	7.
Sio	nature of New Registered Agent, if	changing	_
Sign	man a spara is an game con a game y	riat ra	

Check if applicable

☐ The amendment(s) is/are being filed pursuant 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 = Treaswer; 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 Doc 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.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JESUS MIRANDA-RIVERA	4329 NW 53RD STFORT
X Add			FT LAUDERDALE, FL. 33319
Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			<u></u>

	sheets, if necessary).	(2e specific)			
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• • •	05/22/2023	
The date of each amendment(s) ado date this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amend icient for approval.	lment(s)
	oved by the shareholders through voting groups. The following sach voting group entitled to vote separately on the amendment(s	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
bv	,"	
,	(voting group)	
05/22/2023		
Dated		
Signature F	rilia Moranda D.	
(By a dire selected.	petor, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or othe d fiduciary by that fiduciary)	been er court
H	MILIO MIRANDA	
-	(Typed or printed name of person signing)	
Р	RESIDENT	
<del></del>	(Title of person signing)	