P1700000 9028

(Reque	stor's Name)				
(Addres	ss)				
(Addres	ss)				
(City/St	ate/Zip/Phone #)			
PICK-UP	WAIT	MAIL			
(Busine	ess Entity Name)			
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(Docum	nent Number)				
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Certified Copies	Certificates of	f Status			
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Special Instructions to Filin	g Officer:				





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COVER LETTER

TO: Amendment Section Division of Corporations	:	
NAME OF CORPORATION: 605 DOCUMENT NUMBER: P1700	NAUERS & CONCRETE	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
	Name of Contact Person	_
605_	PAJERS & COXCRETE LX Address SIS NATHON HOLE	in misst palm mear
60.5 PANERS E-mail address: (to b	City/ State and Zip Code	LD WEST POLM BEAR ! Fl 33405
For further information concerning this matter, p	lease call:	
Juan banet	at (S 61) 66 Z 18 4 Area Code & Daytime Telephone Number	<u>C</u>
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status		
Mailing Address Amendment Section	Street Address Amendment Section	

Amendment Section
Division of Corporations

Tallahassee, FL 32301

Clifton Building
2661 Executive Center Circle

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation of

605 PAUERS 8 CONCRETE INC			
(Name of Corporation as currently filed with the Florida Dept. of State)			
P1700009028			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:			
A. If amending name, enter the new name of the corporation:			
The new			
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," 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: (Mailing address MAY BE A POST OF FICE BOX)	194 303S	2019 MAY 16	•=1
	- 1	Y	1
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D. If amending the registered agent and/or registered office address in Florida, enter the name of the	က်လာ	PH	ä
new registered agent and/or the new registered office address:	$\mathbb{C}^{(n)}$		ě
Name of New Registered Agent	四元	<u></u>	
	. <u> </u>	-1	
(Florida street address)			
New Registered Office Address: Florida			
(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agent:			
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			

P = President; V = Vice	President	e by the first teller of the office line; t; T= Treasurer; S= Secretary; D= Director; TR= Tn	ustee; C = Chairman or Clerk; CEO = Chief
Executive Officer: CFO	= Chief F	Financial Officer. If an officer/director holds more th	nan one title, list the first letter of each office
held. President, Treasure Changes should be noted		or would be 1911). llowing manner, Currently John Doe is listed as the P	ST and Mike Jones is betad as the W. Thomasis
a change, Mike Jones lea	ives the co	orporation, Sally Smith is named the V and S. These si	hould be noted as John Doe, PT as a Change
Mike Jones, V as Remove	, and Sali	ly Smith, SV as an Add.	, and the same of
Example: X Change	PT	<u>John Doe</u>	
X Remove	Ā	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	DANYS L MENDOZA	SIS NATHAN ADLE RO
Add	,	1	SIS NATHAN ADLE RO CUEST POLM BOACH FI 33405
Remove			
2) X Change	0	JUAN A. GOMET	315 Nathan HALG RU
Add	*		USS+ palmBEACH Fl 33405
Remove			
3) Change			·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

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:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

uttach additional she	ng additional Artic eets, if necessary).	(Be specific)	<u>-</u>			
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an amendment pro	ovides for an exchai	nge, reclassifica	tion, or cancella	ition of issued :	shares.	
rovisions for imple	ementing the amend	lment if not con	tained in the an	rendment itself	<u>:</u>	
(if not applicable	e, indicate N/A)					
				,,		
						_
			 .		 -	
						
				- .		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated OS/13/19 Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator of in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	