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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DUARTES CONCR	ETE INC.	
DOCUMENT NUM	BER: P17000023977		
	y of Amendment and fee are subr	nitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
	FILIMON DUARTE		
		Name of Contact Perso	n
	DUARTES CONCRETE INC.		
	<del></del>	Firm/ Company	
	11 S. FOREST ST. STE 2		
		Address	
	PLANT CITY, FLORIDA 3350	63	
		City/ State and Zip Cod	e
For further information	E-mail address: (to be used on concerning this matter, please		notification)
FILIMON DUARTE	OR LILIANA GOMEZ ARMA	Z at (	567-9303 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made pa	yable to the Florida Depa	nrtment of State:
□ \$35 Filing Fee	▼\$43.75 Filing Fee & Certificate of Status ✓ Cert.f. & Copy ✓	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	niling Address		Address
	nendment Section		Iment Section
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
	lahassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently	filed with the Florida Dept. of States SEF
DUARTES CONCRETE INC.	, [
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Cword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
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 OFFICE BOX)	
D. If amending the registered agent and/or registered office addressive registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
Numer of the wife general feet and the second	
tFlorida stree	t address)
New Registered Office Address:	, Florida
	Tity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Re-	gistered 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: $\underline{X}$ Change	<u>PT</u>	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	D	LILIANA GOMEZ ARMAZ	11 S. FOREST STREET
Add			APT. 2
Remove			PLANT CITY, FLORIDA 33563
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			<del></del>
Remove			
5) Change	_		
Add			
Remove			
6) Change	_	_	
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	ticles, enter change(s (Be specific)	i) here:		
N/A	i be specytey			
IVA		<del></del> -		·- ·- ·
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ri 16	hanas malannifiaati	on or annallation	of icenad charm	
F. If an amendment provides for an exc provisions for implementing the ame	nange, reclassification endment if not conta	ined in the amend	ment itself:	
(if not applicable, indicate N/A)		·		
N/A				
		<u> </u>		
				<u> </u>
			<del></del>	<del></del>
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		<del></del>		
		·		

	SEPTEMBER 18, 2018	
The date of each amendment(s) at date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will nepartment of State's records.	ot be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	9-18-18	
(By a d selecte	1000 Come 7 ArmoZ irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Liliana Gomez Armaz	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	