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COVER LETTER

'TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DUARTES CONC	CRETE INC		
DOCUMENT NUM	P17600023977			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	espondence concerning this ma	itter to the following:		
	LILIANA GOMEZ ARMAS			
		Name of Contact Person		
	DUARTES CONCRETE IN	С		
		Firm/ Company		- 전 2월
	11S FOREST ST STE 2	· · · · · · · · · · · · · · · · · · ·		TALLAHAS
		Address		至
	PLANT CITY, FL 33563			23
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		•		700
	E-mail address: (to be us	sed for future annual report	notification)	_ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
For further informatic	on concerning this matter, pleas	se call:		7
LILIANA GOMEZ A	ARMAS	at (813	836-8381	
Name of Contact Person		Area Co	de & Daytime Telephone ?	
Enclosed is a check for	or the following amount made			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fec & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
DUARTES CONCRETE INC	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	JAN 23 A T 27 AH) SSEE FLORIDA
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	. Florida
New Regimerea Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position
Signature of New	Revistered Avent if chanving

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) X Change	P	LILIANA GOMEZ ARMAS	11 S FOREST ST STE2
Add			PLANT CITY, FL 33563
Remove			
2) Change			70. 28
Add			P. S. S.
Remove			(S) 2
3) Change			THE DE
Add			55 7
Remove			. Exercise
4) Change			
Add			
Remove			
5) Change			
Add			
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6) Change		<u> </u>	
Add			
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lassificat	tion, or	cancella	tion of issu	ied shares.		
not cont	tained i	n the am	endment i	tself:		
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	lassifica not cor	lassification, or not contained i	lassification, or cancella not contained in the am	lassification, or cancellation of issi	lassification, or cancellation of issued shares, not contained in the amendment itself:	lassification, or cancellation of issued shares, not contained in the amendment itself:

	JANUARY 16, 2019	
The date of each amendment(s) date this document was signed.	adoption:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will bepartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	at for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were acceptation was not required.	lopted by the board of directors without shareholder action and shareholder	~~
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder.	
1/16/2019 Dated		
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	اري ا
	LILIANA GOMEZ ARMAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	