P17000061946

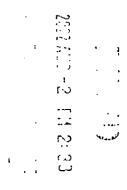
(F	Requestor's Name)
(A	Address)
(<i>A</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
15	Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SPM CONCRETE	INC		
DOCUMENT NUM	D17000071047			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	GERSON ALMENDAREZ			
	_	Name of Contact Perso	n	
	DINASTY BUSINESS MAN	IAGEMENT CORP		
		Firm/ Company		
	1449 SW ORIOLE LN			
		Address		
	PORT SAINT LUCIE, FL 34	1953		
		City/ State and Zip Cod	le	
	DINASTYBMC@GMAIL.C	ОМ		
	E-mail address: (to be us	sed for future annual report	t notification)	
For further information	on concerning this matter, pleas	se call:		
GERSON ALMEND	AREZ	at (224-1665	1
Name	of Contact Person		ode & Daytime Telephone Number	7 :
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:	r's
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	: :: 2: 2J
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio The C 2415	Address diment Section on of Corporations dentre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to **Articles of Incorporation** of

(Name of C				
	orporation as current	ly filed with the Florida Dept. of Stat	te)	
P17000061946				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this	Florida Profit Corporation adopts the	following amen	dment(s) to
A. If amending name, enter the new name	of the corporation:			
Not Applicable			The	new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp"chartered," "professional association," or the designation or the contact of the con	." "Inc," or "Co".	A professional corporation name mu.	bbreviation "Cor	p., "
B. Enter new principal office address, if a	oplicable:	203 N 18TH ST		
(Principal office address MUST BE A STRE		FORT PIERCE, FL 34950		
		·		<u> </u>
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		203 N 18TH ST		
		FORT PIERCE, FL 34950	202	_
			, 7 ;	• •
D. If amending the registered agent and/or	r registered office add	lress in Florida, enter the name of the	, ro	,
new registered agent and/or the new re			<u></u>	
Name of New Registered Agent	NASTY BUSINESS M	IANAGEMENT CORP	62	±.
<u> </u>	9 SW ORIOLE LN		 မ	
_	(Florida st	reet address)	<u> </u>	
New Registered Office Address:	PORT SAINT LUCIE		34953	
	(City)		(Zip Code)	

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 = 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.

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)	Title	<u>Name</u>	<u>Addres</u> s
X Change	P	SANTIAGO ANDRADE	203 N 18TH ST
Add			FORT PIERCE, FL 34950
Remove			
2) Change	VP —	JUAN PABLO ANDRADE ESCAM	1106 BEACH CT
Add			FORT PIERCE, FL 34950
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			_
5) Change			
Add			
Remove			
6) Change			
Add			<u></u>
Remove			

(Attach additiona	l sheets, if necessary)	(Be specific)				
Not Applicable						
						<u> </u>
			··			
			<u> </u>			
					<u>.</u>	
			<u>-</u>			
					 	
		 -				
		-				
F. <u>If an amendmer</u>	t provides for an exc	hange, reclassif	ication, or cance	llation of issued sh	ares,	
provisions for i	mplementing the am cable, indicate N/A)	endment if not	contained in the	amendment itself:		
Not Applicable	curre, mucure 17711,					
			<u> </u>			
		•				_
						_

	07/21/2022	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
	7/21/2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, to Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend sufficient for approval.	lment(s)
	approved by the shareholders through voting groups. The following sfor each voting group entitled to vote separately on the amendment(s,	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
•	(voting group)	
07/26/20	22	
Dated		
Signature	muso Aulk	
	director, president or other officer - if directors or officers have not	been
selec	ted, by an incorporator - if in the hands of a receiver, trustee, or other	er court
аррс	inted fiduciary by that fiduciary)	
	SANTIAGO ANDRADE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	