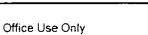
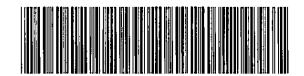
P18000017249

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

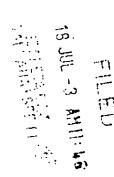




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June 4, 2018

LISNAIDA SALGADO CONCRETE FULL SERVICE CORP 1240 NW 171 ST MIAMI GARDENS, FL 33056

SUBJECT: CONCRETE FULL SERVICE CORP

Ref. Number: P18000017249

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 518A00011530

COVER LETTER

NAME OF CORPORATION: CONCEPTE Full Service Corporation: P18000017249 The enclosed Articles of Amendment and fee are submitted for tiling. Please return all correspondence concerning this matter to the following: Listaida Salgado Name of Contact Person Firm/Company 1240 NW 17157 Address Miarni Condens FC 33169 City/ State and Zip Code Yosbe Small gradie Corporation for future pinual report notification) For further information concerning this matter, please call: Listaida Salgado at 786 553-9748
Please return all correspondence concerning this matter to the following: Lismaida Salgado Name of Contact Person Firm/ Company 12-10 NW 17157 Address Miarni Goodens FC 33169 City/ State and Zip Code Yosbe- Sml Qgnail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Firm/ Company 1240 NW 17157 Address Miami Cordens FC 331/69 City/ State and Zip Code Yosbe. Sml Q. nail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Firm/ Company 12-10 NW 17157 Address Miarri Gardens FC 33169 City/ State and Zip Code Vosbe. Sml Q, nail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Firm/ Company 12-10 NW 17157 Address Miarri Gardens FC 33169 City/ State and Zip Code Vosbe. Sml Q, nail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Address Miovni Cordens F(33169) City/ State and Zip Code YOS be - 5ml Q 9, nail . Covn E-mail address: (to be used for future, annual report notification) For further information concerning this matter, please call:
Address Miovni Covdens F(331)69 City/ State and Zip Code YOS be - 5ml Q 9, nail . Covn E-mail address: (to be used for future, annual report notification) For further information concerning this matter, please call:
E-mail address: (to be used for future, annual report notification) For further information concerning this matter, please call:
E-mail address: (to be used for future, annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Lunaida Calaada 786 553-9748
<u> </u>
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Cornere Full Se	ervice Cerps as currently filed with the Florida Dept. of State)	
P 18 0000 172 4	19	
(Documen	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amen-	dment(s) to
A. If amending name, enter the new name of the corp	poration:	
	The	H-2147
	"corporation," "company," or "incorporated" or the abbrevia "Inc," or "Co". A professional corporation name must contain	tion
B. Enter new principal office address, if applicable:	<u> </u>	<u>).</u>
(Principal office address <u>MUST BE A STREET ADDRI</u>	ر کونانی (<u>RESS</u>)	= -m
	Pilot Comments	一里
C. Enter new mailing address, if applicable:	in the second	至し
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	"	===
	#27,	3)
D. If amending the registered agent and/or registered		
new registered agent and/or the new registered off	ffice address:	
Name of New Registered Agent		
	(Florida strvet address)	
New Registered Office Address:	Florida	
Negotives office have east.	(City) (Lip Code)	
New Registered Agent's Signature, if changing Registo	tered Agent: am familiar with and accept the obligations of the position.	
I nereor accept the appointment as registered agent. The	am juminar with and accept the ornigations of the position.	
Signatu	ure of New Registered 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: X Change	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Mar	Yosbel Saidinas	1240 NW 1715T
Add		/	Miami Coordens FC
Kemove			33169
2) Change			
Add			<u>_</u>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	. (Be specific)
- -	
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:

· · · · · · · · · · · · · · · · · · ·	, if other than the
date this document was signed.	
Effective date if applicable: 04/12/20/8 (no more than 90 days after amendment file date)	
(no more inan 20 dais after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)	
(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 06/21/2018	
Dated 06/21/2018	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Lisnaida Galgado (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_

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