## P12000036644

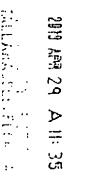
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: PCM CONCRETI	E INC		
DOCUMENT NUM	D19000034444			
The enclosed Articles	s of Amendment and fee are si	ubmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	DUBON-SUAZO, MARLEI	NI X		
		Name of Contact Perso	n	
	PCM CONCRETE INC			
		Firm/ Company		
	709 LORI DR, apt 109			
		Address		
	PALM SPRINGS, FL 33461			
		City/ State and Zip Cod	e	
For further information	on concerning this matter, plea	se call: at ( <sup>561</sup>	507-0658	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	endment Section		Iment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314			xecutive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

## of PCM CONCRETE INC

(Name of Corporation as currently fil	ed with the Florida Dept. of State)
P18000036644	2810 Act 2 7 Act 3
(Document Number of Co	All Ankobitet Unit
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	<b>T</b> I
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co' word "chartered," "professional association," or the abbreviation "P.A	. 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)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
(Ci	ty) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.
Signature of New Regi	istered 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	<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
l) Change	VP	DE JESUS COLON, PAULINO	709 LORI DR APT 109
Add	-		PALM SPRINGS, FL 33461
X Remove			···
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		<del></del>	
Pamova			

	ding additional A sheets, if necessary	i). (Be specific	2)			
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an amendment	provides for an e	xchange, reclas	sification, or ca	ncellation of is	sued shares,	
<u>ii aiiriiuiiriit</u>	plementing the a	mendment if no	ot contained in t	<u>he amendment</u>	itself:	
<u>rovisions for im</u>	uble, indicate N/A`	)				
rovisions for im (if not applica						
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	****
(no more than 90 days after amendment file date)	
<b>Note:</b> 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.	vill not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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 cast 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.	
04/16/2019	
Signature Moden Room Signature	
(By a director, president or other officer – it 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)	
DUBON-SUAZO, MARLENI X	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	<del></del>