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(((H22000183972 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : YOUR DREAM SERVICES CORP.

Account Number : I20200000137 Phone : (786)660-0108 Fax Number : (786)364-1047

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN SINBAD CONCRETE SERVICES CORP

| Certificate of Status | 0       |
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Corporate Filing Menu

Help

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## Articles of Amendment Articles of Incorporation

|                                                                                                                             | O1                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | وم.                    |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| INBAD CONCRETE SERVICES CORF                                                                                                | •                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11 B                   |
|                                                                                                                             | _                                                    | ly filed with the Florida Dept. of State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1                      |
|                                                                                                                             | Cui of Lucian                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| 18000041963                                                                                                                 | <del></del>                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| (Document Number of Corporation (if known)                                                                                  |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| resugnt to the provisions of section 607.1                                                                                  | 006, Florida Statutes, this                          | Florida Profit Corporation adopts the foll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | lowing amendment(s) to |
| Articles of Incorporation:                                                                                                  |                                                      | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5 5                    |
|                                                                                                                             | of the somerstion:                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5-1                    |
| . If amending name, enter the new na                                                                                        | me of the corporation.                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
|                                                                                                                             |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The new                |
| ame must be distinguishable and contain<br>Inc.," or Co.," or the designation "C<br>chartered," "professional association," | 'orp," "Inc," or "Co"                                | company," or "incorporated" or the abbre<br>A professional corporation name must o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | contain the word       |
| Enter new principal office address,                                                                                         |                                                      | 1140 KASIM STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |
| Principal office address MUST BE A S                                                                                        | TREET ADDRESS )                                      | OPA LOCKA FL 33054                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
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| Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)                                        |                                                      | 1140 KASIM STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |
|                                                                                                                             |                                                      | OPA LOCKA FL 33054                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                      |
|                                                                                                                             | . Al                                                 | dues in Florida enter the name of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <del></del>            |
| new registered agent and/or the new                                                                                         | w registered office addres                           | iress in Florida, enter the name of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |
|                                                                                                                             | YANET RODRIGUEZ H                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| Name of New Registered Agent                                                                                                | 1140 KASIM STREET                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>            |
|                                                                                                                             |                                                      | treet address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |
|                                                                                                                             | OPA LOCKA                                            | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 054                    |
| New Registered Office Address:                                                                                              | UPALOCKA                                             | , Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Zip Code)             |
|                                                                                                                             |                                                      | (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Zip Chae)             |
|                                                                                                                             |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
|                                                                                                                             |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| New Registered Agent's Signature, if o                                                                                      | hanging Registered Agen<br>tered agent I am familiat | <u>nt:</u><br>r with and accept the obligations of the pos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | iition.                |
| nereby accept the appointment as rega-                                                                                      | erea agent. 1 ann januari                            | , and the second |                        |
|                                                                                                                             | H.                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
|                                                                                                                             | ( <i>IX</i>                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
|                                                                                                                             | Signature of New                                     | Registered Agent, if changing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |
|                                                                                                                             | <u> </u>                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| Check if applicable  The amendment(s) is/are being filed p                                                                  | oursuant to s. 607.0120 (11                          | ) (e), F.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |
| menamentarial as an annual trans                                                                                            |                                                      | * * **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |

風3015

## (((H220001839723)

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 = ChiefExecutive 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 us a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change                      | PI                       | John Doe                 |                     |  |  |  |
|-------------------------------|--------------------------|--------------------------|---------------------|--|--|--|
| X Remove                      | $\underline{\mathbf{v}}$ | Mike Jones               |                     |  |  |  |
| X Add                         | <u>sv</u>                | Sally Smith              |                     |  |  |  |
| Type of Action<br>(Check One) | <u>Title</u>             | Name                     | Address             |  |  |  |
| 1) Change                     | P                        | DENYS CASTRO             | 15965 SW 100TH LANE |  |  |  |
| Add                           |                          |                          | MIAMI FL 33196      |  |  |  |
| X Remove                      |                          |                          |                     |  |  |  |
| 2) Change                     | P                        | YANET RODRIGUEZ HERNANDI | 1140 KASIM STREET   |  |  |  |
| X Add                         |                          |                          | OPA LOCKA FL 33054  |  |  |  |
| Remove 3) Change              |                          |                          |                     |  |  |  |
| Add                           |                          |                          |                     |  |  |  |
| Remove                        |                          |                          |                     |  |  |  |
| 4) Change                     |                          |                          |                     |  |  |  |
| Add                           |                          |                          |                     |  |  |  |
| Remove                        |                          |                          |                     |  |  |  |
| 5) Change                     |                          |                          |                     |  |  |  |
| Add                           |                          |                          |                     |  |  |  |
| Remove                        |                          |                          |                     |  |  |  |
| 6) Change                     |                          |                          |                     |  |  |  |
| Add                           |                          |                          |                     |  |  |  |
| Remove                        |                          |                          |                     |  |  |  |

(((H22000183972 3)

| If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |                                       |                                              |                   |                 |               |             |
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| N/A                                                                                                                      |                                       |                                              |                   |                 |               |             |
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| . <u>If an amer</u>                                                                                                      | idment provides (<br>s for implementi | <u>for an exchange, i</u><br>no the amendmen | recussincation, o | i in the amendo | ent itself:   |             |
| (if no                                                                                                                   | t applicable, indic                   | ate N/A)                                     |                   |                 |               |             |
| N/A                                                                                                                      |                                       |                                              |                   |                 |               |             |
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| The date of each amendment(s) adoption                                             | 05/23/2022                                                     | , if other than the                                            |
| date this document was signed.                                                     | ·•                                                             |                                                                |
| 05/23/2022                                                                         |                                                                |                                                                |
| Effective date if applicable:                                                      |                                                                |                                                                |
|                                                                                    | (no more than 90 days aft                                      | er amendment file date)                                        |
| Note: If the date inserted in this block document's effective date on the Departme | nes not meet the applicable statu<br>nt of State's records.    | story filing requirements, this date will not be listed as the |
| Adoption of Amendment(s)                                                           | (CHECK ONE)                                                    |                                                                |
| The amendment(s) was/were adopted by action was not required.                      | y the incorporators, or board of d                             | irectors without shareholder action and shareholder            |
| ☐ The amendment(s) was/were adopted by<br>by the shareholders was/were sufficient  |                                                                | of votes cast for the amendment(s)                             |
| ☐ The amendment(s) was/were approved must be separately provided for each v        | by the shareholders through voting group entitled to vote sepa | ng groups. The following statement rately on the amendment(s): |
| "The number of votes cast for the                                                  | amendment(s) was/were sufficie                                 | ent for approval                                               |
| by                                                                                 |                                                                |                                                                |
| ,                                                                                  | (voting group)                                                 |                                                                |
|                                                                                    |                                                                | rectors or officers have not been                              |
| appointed fide                                                                     | uciary by that fiduciary)                                      | f a receiver, trustee, or other court                          |
| YAN                                                                                | ET RODRIGUEZ HERNANDE:                                         | <u> </u>                                                       |

(Typed or printed name of person signing)

(Title of person signing)

PRESIDENT

(((H22000183972 3)