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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: P.O. CONCRET	E SOLUTION INC		
DOCUMENT NUMBER: _	P18000045357			
The enclosed Articles of Amo	endment and fee are su	bmitted for filing.		
Please return all corresponde	nce concerning this ma	tter to the following:		
	PABLO OCHOA			
		Name of Contact Persor	1	
	P.O. CONCRETE SO	LUTION INC		
		Firm/ Company	····	
	9436 PALM AVE	. ,		
		Address		
	PORT RICHEY, FL 3	4668		
		City/ State and Zip Code	<u> </u>	
	pablodocks79@icloud	l.com		
E	-mail address: (to be us	sed for future annual report	notification)	
For further information conce	erning this matter, pleas	se call:		
PABLO OCHOA		a1 (7 2 7	8 4 6 - 3 9 2 de & Daytime Telephone Number	
Name of Cont	act Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the fo	llowing 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 Amendment Section		Street	Address	
	it Section Corporations	Amendment Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

P.O. CONCRETE SOLUTION INC.

(Name of Corporation as cu	<u>irrently filed with the Flor</u>	ida Dept. of State)
P18000045357		
(Document Nur	mber of Corporation (if kno	wn)
tursuant to the provisions of section 607,1006, Florida Statute is Articles of Incorporation:	es, this <i>Florida Profit Corpo</i>	oration adopts the following amenda
x. If amending name, enter the new name of the corporati	ion:	
		The ne
ame must be distinguishable and contain the word "corporation." or Co.," or the designation "Corp," "Inc," or "C chartered," "professional association," or the abbreviation	Io". A professional corpe	porated" or the abbreviation "Corp, oration name must contain the wo
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(muning unuress may be a root or rece box)		
		
). If amending the registered agent and/or registered office		
new registered agent and/or the new registered office a	ddress:	19 TO
Name of New Registered Agent		04 - 60 11 11 11 11 11 11 11 11 11 11 11 11 11
(Flo	orida street address)	
N B (200) (1)		
New Registered Office Address:	(City)	Florida
	18.10.	(124)
ew Registered Agent's Signature, if changing Registered	Agent:	
hereby accept the appointment as registered agent. I am far		bligations of the position.
Signature of	New Registered Agent, if cl	langing
inguatare in		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk: CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	_ <u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VTS	JENNIFER OCHOA	9436 PALM AVE
X Add			PORT RICHEY, FL 34668
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ig additional Arti ets. if necessary).	(Be specific)			
					
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		ange, reclassificat	tion, or cancellatio	n of issued shares.	i
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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	more than 90 days after amendment file date)
()	more than 90 days after amendment file date)
Note: If the date inserted in this block does not a document's effective date on the Department of Sta	et the applicable statutory filing requirements, this date will not be listed as the seconds.
Adoption of Amendment(s) (CHEC	ONE)
☐ The amendment(s) was/were adopted by the incaction was not required.	porators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	holders. The number of votes cust for the amendment(s) val.
☐ The amendment(s) was/were approved by the shadow be separately provided for each voting graduately provided for each voting graduately.	eholders through voting groups. The following statement o entitled to vote separately on the amendment(s):
"The number of votes cast for the amenda	u(s) was/were sufficient for approval
by	••
by(voting	<u>συμ)</u> .
NOVEMBER 4, 202	
	or other officer - if directors or officers have not been
(By a director, presider selected, by an incorpo appointed fiduciary by	for – If in the hands of a receiver, trustee, or other court
	BLO OCHOA.
	or printed name of person signing)
P	ESIDENT.
(Titl	of person signing)