8/2/2021

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : AB ALL SERVICES INC

Account Number : 120200000155 Phone : (305)882-1238

Fax Number

: (305)882-1238 : (305)882-1260

\*\*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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'AUG 3 2021 S. PRATHER

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_ M D CONCRETE SERVICES CORP DOCUMENT NUMBER: P18000077859 The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: **GINA ROCHA** Name of Contact Person AB ALL SERVICES INC Firm/ Company 1100 WEST 29TH STREET STEC Address HIALEAH, FLORIDA 33012 City/ State and Zip Code AB1100@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GINA ROCHA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahastee, FL 32303

## Articles of Amendment to Articles of Incorporation of

M D CONCRETE SERVICES CORP		in c	
( <u>Name</u>	of Corporation as curren	tly flied with the Florida Dept. of State)	
P18000077859			
	(Document Number	of Corporation (1f known)	_
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s	) to
A. If amending name, enter the new n	ame of the corporation:		
		The new	
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2100 NW 23RD CT APT I	
		MIAMI, FLORIDA 33142	
C. Enter new mailing address. (f applicable: (Mailing address MAY BE A POST OFFICE BOX)		2100 NW 23RD CT APT 1	
		MIAMI, FLORIDA 33142	
D. If amending the registered agent as new registered agent and/or the ne			
Name of New Revistered Avent	LAZARO MANUEL DE	BORA VIDAL	
	2100 NW 23RD CT APT	1	
	(Florida s	treet address)	
New Registered Office Address:	MIAMI	, Florida 33142	
HEW HERMENER OFFICE PARTY ESS.		(City) (Zip Code)	
New Registered Agent's Signature, if a I hereby accept the appointment as regis	hanging Registered Agen tered agent, I am familiar	it: with and accept the obligations of the position.	
X	Lazar	Milebora	
=-	\Signature of New	Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to 3. 607.0120 (11) (e), F.S.

Example:

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PI	<u>John Do</u>	<u>c</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>sy</u>	Sally So	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	P	_	YANAN RAUL LARA	11716 SW 254TH \$TREET
Add				HOMESTEAD, FL 33032
Remove  2) Change	P	_	LAZARO MANUEL DEBORA VIDAL	2100 NW 23RD CT APT 1
X Add		_	· · · · · · · · · · · · · · · · · · ·	MIAMI, FL 33142
Remove Change		_		
Add				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Remove 4) Change				
Add				
Remove  5) Change		_		
Add				
Remove  6) Chungo				
Add				
Remove				<u></u>

Attach additional sheets, if necessary).	cles, enter chang (Be specific)	<del></del> -
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		1
f an amendment provides for an exchenge of the second of t	ange, reclassifica idment if not cor	tion, or cancellation of issued shares, in the amendment Itself:
		<u> </u>

	8/2/21		
The date of each amendment(s) adoption	a:	, if other than the	
date this document was signed.  8/5/21			
Effective date if applicable:			
	(no more than 90 days after an endment file date)		
Note: If the date inserted in this block d document's effective date on the Department	oes not meet the applicable statutory filing requirements, this date will nent of State's records.	ot be listed as the	
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were adopted by action was not required.	by the incorporators, or board of directors without shareholder action and al	narcholder	
The amendment(s) was/were adopted by the shareholders was/wore sufficien	by the shareholders. The number of votes east for the amendment(s) at for approval.		
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s);		
"The number of votes cast for the	amendment(s) was/were sufficient for approval		
by	.,,	2021 (A.L.L	
	(voting group)		
8/2/21		- 2005 1	-
Dated		2	. :
<b>√</b> 7	Carried how hillow		
Signature	My Mary Mary	· · · · · · · · · · · · · · · · · · ·	
	, president or other officer – if directors or officers have not been n incorporator – if in the hands of a receiver, trustee, or other court	84 so	
	uciary by that fiduciary)	က္ကြီး ထိ	
•			
LAZA	ARO MANUEL DEBORA VIDAI.		
	(Typed or printed name of person signing)		
	Vincidaal		
X	MYDIURY		
, ,	(Title of person signing)	<del>-</del>	