P18000095094

<u></u>
(Requestor's Name)
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(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2000.000 2.00)
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CIMMONS
JUN 05 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: JAM CONCRETE	INC	
	BER: P18000095094		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	GERSON ALMENDAREZ		
		Name of Contact Persor	<u> </u>
	DINASTYBUSINESS MAN	AGEMENT CORP	
		Firm/ Company	
	1449 SW ORIOLE LN	, ,	
		Address	
	PORT SAINT LUCIE, FL 34	1953	
		City/ State and Zip Code	2
	DINASTYBMC@GMAIL.C	ОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
GERSON ALMENDAREZ		at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations cutre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	O	1
NOT APPLICABLE		2020 HAT 18 PH 317
(Name of	Corporation as current	tly filed with the Florida Dept. of State 3: 45
NOT APPLICABLE		, C
	(Document Number	of Corporation (if known)
fursuant to the provisions of section 607.1 as Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new na	me of the corporation:	
NOT APPLICABLE		The new
ame must be distinguishable and contain to Inc.," or Co.," or the designation "Co chartered," "professional association,"	orp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
3. Enter new principal office address, i	f applicable:	5805 CASSIA DR
Principal office address <u>MUST BE A ST</u>		FORT PIERCE, FL 34982
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5805 CASSIA DR
		FORT PIERCE, FL 34982
 If amending the registered agent and new registered agent and/or the new 		
	DINASTY BUSINESS N	
Name of New Registered Agent		
	1449 SW ORIOLE LN	
	1449 SW ORIOLE LN	treet address)
-		street address) 34953 Florida

Check if applicable

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

address of each Office (Attach additional shee Please note the officer/ P = President; V = Vic Executive Officer; CFO President, Treasurer, E Changes should be note a change, Mike Jones I	r and/or 1 ts, if neces, director tit e Presiden) = Chief F Director wo ed in the fo caves the c	Director being added; sary) the by the first letter of the office title; tt: T= Treasurer; S= Secretary; D= Dire Financial Officer. If an officer/director ho ould be PTD. following manner. Currently John Doe is	each officer/director being removed and title, name, and ctory TR= Trustee; C = Chairman or Clerk; CEO = Chief lds more than one title, list the first letter of each office held. [1] 3: 45 listed as the PST and Mike Jones is listed as the V. There is nd S. These should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe	· .
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	KARINA VARGAS	5805 CASSIA DR
X Add			FORT PIERCE, FL 34982
Remove			
2) X Change	V	JUAN MARTINEZ	5805 CASSIA DR
Add			FORT PIERCE, Ft. 34982
Remove Change			
Add			
Remove			
4) Change		_ _ _	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			

____ Add

____ Remove

OT APPLICABLE	
	707043
	2020 HAY 18 Pl: 3: 45
	;
	•
If an amendment provides for an exchange, rec	lassification, or cancellation of issued shares,
provisions for implementing the amendment if	f not contained in the amendment itself:
(if not applicable, indicate N/A)	
OT APPLICABLE	
	
	

•

NOT APPLICABLE
The date of each amendment(s) adoption:, if other than the date this document was signed.
NOT APPLICABLE
Effective date if applicable: (no more than 90 days after amendmentifile date) (no more than 90 days after amendmentifile date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK_ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
NOT APPLICABLE "
by (voting group)
Dated 5/14/2020 Signature Wan Martinez
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
JUAN MARTINEZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)