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COVER LETTER

Division of Corporations NAME OF CORPORATION: QUARRY ASSOCIATION FRACING CORP DOCUMENT NUMBER: P19 0000 53 493 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LEONAR do VICIRA QUARRY ASSOCIATION TRAding SARASO-IA FL 34234

City State and Zin Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEONAR do VIGIRA at (239), 258 0139

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment

to Articles of Incorporation of

QUARRY HSSOGATI	ON TIL	ADING	Wiep	- Aire
∽		led with the Florida	Dept. of State)	,
119 0000 5349				
(Досиг	ment Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	a Statutes, this <i>Flo</i>	rida Profit Corporati	ion adopts the foll	owing amendment(s)
A. If amending name, enter the new name of the c	orporation:			
TNCINITY SUR CAC name must be distinguishable and contain the wo. "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p, " "Inc, " or "Co"	". A professional co	O corporated" or t orporation name n	The new he abbreviation nust contain the
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD	<u>e:</u>	· 		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	- <u>2X</u>) -			
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent		in Florida, enter th	e name of the	
Nume of New Negistered Agent				
	(Florida street o	address)		
New Registered Office Address:	(Cii	nul .	, Florida	(Zip Code)
	(Cil	<i>,,,</i>		(zip com)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with	and accept the oblig	gations of the posi	tion.
Sig.	nature of New Regi	stered Agent, if chan	ging	- A

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:	, ana san	y smun, sr us an Aud.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Vilela De Sousa, Lucindo	2315 17th St
X Add			SARASOHA, FL 34234
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	f amending or adding additi Attach <i>additional sheets, if ned</i>	essary). (Be sp	ecific)			
provisions for implementing the amendment if not contained in the amendment itself:			•			
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(if not applicable, indicate N/A)	provisions for implementing	the amendment	if not containe	d in the amendr	nent itself:	
	(if not applicable, indica	'e N/A)				
						
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3/09/20 Signature Slomando Viewa	
Signature Xlomando Vicira	
(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 co	ırt
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
BRESI dent	
(Title of person signing)	