P20000021885

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Otano Concrete Fi	nish Inc		
DOCUMENT NUM	IBER: P20000021885			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Bladimir Otano			
		Name of Contact Persor	1	
	Otano Concrete Finish Inc			
		Firm/ Company		
	7051 SW 129 AVENUE Apt	• •		
		Address		
	Miami, FL 33183			
		City/ State and Zip Code		
	raytaxwiz@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
Bladimir Otano		at (788-7153	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Otano Concrete Finish Inc	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P20000021885	<u> </u>
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	-
(Mailing address MAY BE A POST OFFICE BOX)	
	·
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	<u> </u>
(Florida stree	21 address)
New Registered Office Address:	. Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar wi	ith and accent the obligations of the position
тип запина проделения проделения на передолегия из принага проделения принага	an and accept the configurous by the position.
Signature of New Reg	gistered Agent, if changing
Check if applicable	

☐ 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ne <u>s</u>	
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	D		Orestes Bormey Cobo	13324 SW 112th Court
X Add	<u> </u>	_		Miami, FL 33176
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
51 Change		_		
Add				
Remove				
6)Change		_		
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
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			 -		<u> </u>
				<u>-</u>	<u> </u>
				_ <u></u>	
			_	_	
f an amendment provides for an exch	nange reclassifica	tion, or cancel	lation of issu	ed shares.	
provisions for implementing the ame	ndment if not con	tained in the a	mendment it	self:	
(if not applicable, indicate N/A)					
		<u> </u>			
					
	<u> </u>			<u> </u>	
					. <u> </u>

	adoption:	, if other than the
date this document was signed. 11 Effective date if applicable:	/15/2020	
Effective date in applicable.	(no more than 90 days after amendment	file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing rec Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors withou	ut shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the a	e following statement mendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approva	ıl
by		
	(voting group)	
Dated	11/15/2020	
Signature (By a	director, president or other officer – if directors or offic	
	ted, by an incorporator – if in the hands of a receiver, truinted fiduciary by that fiduciary)	ustee, or other court
	Bladimir Otano	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	