

## Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : OSCAR LOPEZ  
Account Number : I20200000088  
Phone : (786)307-0601  
Fax Number : (786)307-0601

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**  
**SMART CONCRETE SOLUTIONS CORP**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUN 29 PM 12:45

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SMART CONCRETE SOLUTIONS CORP

DOCUMENT NUMBER: P20000043984

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OLUGER NAMITT OLIVARES MERCADO

  
Name of Contact Person

Firm/ Company

9999 SUMMERBREEZE DR APT 111

Address

SUNRISE, FL 33322

City/ State and Zip Code

BWTUSA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLUGER NAMITT OLIVARES MERCADO

Name of Contact Person

954

559-9075

at (  )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

**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

SMART CONCRETE SOLUTIONS CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000043984

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

9999 SUMMERBREEZE DR APT 111

SUNRISE, FL 33322

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

SAME

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

OLUGER NAMITT OLIVARES MERCADO

9999 SUMMERBREEZE DR APT 111

(Florida street address)

New Registered Office Address:

SUNRISE

Florida

(City)

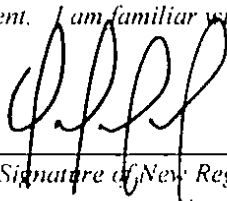
(Zip Code)

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STATE  
CLERK  
TALLAHASSEE, FL  
33322

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**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

**Check if applicable**

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (1) (c), 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:**

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>OLUGER NAMITT OLIVARES</u>	<u>9999 SUMMERBREEZE DR APT 111</u>
<input type="checkbox"/> Add		<u>MERCADO</u>	<u>SUNRISE FL 33322</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>RAFAEL JOSE RODRIGUEZ</u>	<u>9999 SUMMERBREEZE DR</u>
<input type="checkbox"/> Add		<u>NUNEZ</u>	<u>APT111</u>
<input type="checkbox"/> Remove			<u>SUNRISE FL 33322</u>
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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 CLERK OF DISTRICT COURT  
 MIAMI, FL

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

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ST. JOHNS COUNTY OF STATE  
TALLAHASSEE, FL

06/20/2020

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

06/20/2020

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 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  
by ALL \_\_\_\_\_  
(voting group)"

06/20/2020  
Dated \_\_\_\_\_

Signature \_\_\_\_\_

(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)

OLUGER NAMITT OLIVARES MERCADO

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FL

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