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2022 SEP -6 PH 4: 42
SECRETARY OF STATE
TALLAHASSEF. FI

022 SEP -6 PH 4:4

C/ 12/8/2022

COVER LETTER

* TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KALOS CONCRE	TE, INC	
DOCUMENT NUMB	D21000000555		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	oondence concerning this ma	tter to the following:	
	CARLOS AYALA		
-		Name of Contact Person	1
-		Firm/ Company	
_	315 N BLUE LAKE AVE	···	
	DELAND, FL 32110	Address	
-		City/ State and Zip Code	e
A_GB	OOKKEEPING@YAHOO.	СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LEE ROY AGUIRRE		at (<u>386</u>	
Name o	f 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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

KALOS CONCRETE, INC	2027 SEP - C - DU
(Name of Corporation a	2022 SEP -6 PH 4: 42
P21000000555	Number of Corporation (if known)
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
N/A	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," 'word "chartered," "professional association," or the abb	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	
(Trincipul Office dualess MOST DE A STREET ADDRE	DELAND, FL 32110
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	315 N BLUE LAKE AVE
	DELAND, FL 32110
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered offi N/A	ice adoress:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	ored Agent
I hereby accept the appointment as registered agent. I as	m familiar with and accept the obligations of the position.
Signatus	re of New Registered Agent, if changing

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: 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	LEE ROY AGUIRRE	315 N BLUE LAKE AVE
X Add			DELAND, FL 32110
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
I/A	
un ,	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
7/A	

The date of each amendment(s	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
•	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date we Department of State's records.	rill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	••••••••••••••••••••••••••••••••••••••	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
09-01- Dated	-2022	
Daico		
Signature		
(By sele	a director, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	LEE ROY AGUIRRE	
	(Typed or printed name of person signing)	-
	VICE-PRESIDENT	
	(Title of person signing)	