P21000008115

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CORTES CONCRE	TE SOLUTIONS	
DOCUMENT NUMB	ER: P21000008115		
	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
1	MARCO A CORTES		
-		Name of Contact Person	
-		Firm/ Company	
;	5031 E LINEBAUGH AVE Address		
-			
	FAMPA FL 33617		
		City/ State and Zip Code	
	GLOBALSOLUTIONS1317(@GMAIL.COM	
•	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MARCO A CORTES		at (at	<u>31</u>)
Name o	f Contact Person	Area Coe	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:
☐ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address indment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 OCT 29 AM 1:23

CORTES CONCRETE, INC	SECRETARY OF STATE
(Name of Corporation as curren	ntly filed with the Florida Dept. of State LAHASSEE, FLOR
P21000008115	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida 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," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.z.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
	,
C. Fut a supersition of drawn if applicables	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	·
Discourt of the state of the st	ddeen in Elevida, onton the name of the
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office addresses.	ess:
	_
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
The state of the s	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	<u>:nt:</u>
I hereby accept the appointment as registered agent. I am familia	ir with and accept the obligations of the position.
Simature of New	v Registered Agent, if changing
Signature by New	r negatierea rigent, y enunging
Cheek 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> <u>John</u>	John Doe		
X Remove	<u>V</u> <u>Mike</u>	Mike Jones		
X Add	<u>SV</u> <u>Sally</u>	y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	CARLOS CORTESC	25850 SANTOS WAY	
			WESLEY CHAPEL	
Add			FLORIDA 33544	
XRemove				
2) Change	··			
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional	Iding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)
ratacii adambhar	sneets, if necessary). (be specific)
· · · · · · · · · · · · · · · · · · ·	
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••	
If an amendment	provides for an exchange, reclassification, or cancellation of issued shares,
provisions for in	nplementing the amendment if not contained in the amendment itself:
(if not applic	able, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	a outr man the
Effective date if applicable:	
(no more	han 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed as the rds.
Adoption of Amendment(s) (CHECK ONE	
➡ The amendment(s) was/were adopted by the incorporator action was not required.	s, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	. The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entitle	rs through voting groups. The following statement pd to vote separately on the amendment(s):
"The number of votes east for the amendment(s) wa	s/were sufficient for approval
by(voting group)	**
(voting group)	
appointed fiduciary by that fiduciary by the fiduciary b	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court isiary) CONTES ted name of person signing)
(Title of perso	n signing)