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(((H21000229608 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033

Phone : (305)644-3055 Fax Number : (305)644-3052

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN WALTER CRUZ CONCRET, INC

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COVER LETTER

T O : Amendme Division o	nt Section f Corporations		
NAME OF CO	ORPORATION: WALTER CRUZ	CONCRET, INC	
111	NUMBER: P21000050708		
The enclosed A	rticles of Amendment and fee are sul	omitted for filing.	
Please return al	l correspondence concerning this mat	ner to the following:	
	ENNA DIEPPA		
		Name of Contact Person	
	KUOENNA SERVICES, INC	2	
		Firm/ Company	
	2141 SW 1 ST, STE 110		
		Address	
	MIAMI, FL 330135		
		City/ State and Zip Code	
	KRISJOENNA@YAHOO.CO	OM	
	E-mail address: (to be us	ed for future annual report	notification)
For further info	ormation concerning this matter, pleas	se call:	
ENNA DIEPP	A	at (<u>7786499713</u>	2
	Name of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a c	heck for the following amount made	payable to the Florida Depa	ortment of State:
\$35 Filing	Fee US43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tellahassee, FL 32314	Amend Divisio The Co 2415 Y	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303

Articles of Amendment to Articles of Incorporation of

₩	ALTER CRUZ CONCRET,INC
╢	(Name of Corporation as currently filed with the Florida Dept. of State)
P	000050708
ᅦ	(Document Number of Corporation (if known)
	suant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to Articles of Incorporation:
A.	If amending name, enter the new name of the corporation:
	The new
"/	ne must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," c.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word artered," "professional association," or the abbreviation "P.A."
B.	Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS)
C.	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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
	(Florida street address)
	New Registered Office Address:, Florida
	(City) (Zip Code)
No. 17.	Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
C	teck if applicable

Jun. 10. 2021	10:26AM		No. 0538 F. 6				
address of each Off	ficer and/or l heets, if neces	Director being added: sary)	ch officer/director being removed and title, name, and				
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 = Clerk; CEO = Clerk; CEO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office he 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. Then 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 Chambe Jones, V as Remove, and Sally Smith, SV as an Add.							
Example: NChange	<u>PT</u>	John Doc					
X Remove	<u>v</u>	Mike Jones					
X Add	<u>\$V</u>	Sally Smith					
Type of Action (Creck One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s				
1) Change	VP_	WALTER LEAVIN CRUZ	17200 SW 296 TH ST				
X Add			HOMESTEAD, FL 33030				
Remove							
2) Change							
Add							
Remove Change		_					
Add							
Remove							
4) Change							
Λdd							
Remove							
5) Change							
Add							
Remove							
6) Change	V						
Add							

Remove

րին	00 1 Ac - 5 A 5 1 - 1 A 5 5 Com	. 0538	P. 3	
	· · · · · · · · · · · · · · · · · · ·		, it othe	r than the
daleth	nis document was signed. 06/10/2021			
Effect	ive date if applicable:			_
	(no more than 90 days after amendment file date)			
	If the date inscrited in this block does not meet the applicable statutory filing requirements, this dient's effective date on the Department of State's records.	ate will n	nt be lis	ted as the
Adppi	tion of Amendment(s) (CHECK ONE)			
	e amendment(s) was/were adopted by the incorporators, or board of directors without shareholder act ion was not required.	ion and s	hareholde	er .
	e amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment the shareholders was/were sufficient for approval.	(s)		
	e amendment(s) was/were approved by the shareholders through voting groups. The following staten ust 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		ALLAH	MA OTHUR 1882
	(voting group)		HASSE	THE OF HE
			H) F
	06/10/2021 Dated		FLO	či ⊐x
	Signature Maria Fatinia Helia Porce.		罗 科 2 000	ယ ထ
	(By a director, president or other officer - if directors or officers have not been		- 4	•
	selected, by an incorporator - if in the hands of a receiver, trustee, or other cou	ırt		
	appointed fiduciary by that fiduciary)			
	MARIA FATIMA MEJIA PONCE			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			