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A BUTLER JUN-9 2022

COVER LETTER

Division of Corporations ED'S CONCRETE + STUCEO INC. NAME OF CORPORATION: __ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EO'S CONCRETE + STUCCO INC. 5500 WhITE HORON CANE MCLBOURNE FL. 32934
City/ State and Zip Code For further information concerning this matter, please call: FOMUNO CARRCIRO at (32) 508-0727

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **Ø\$52.50** Filing Fee S35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

FILED

ED'S CONCRETE + STUCCO	INC. 2022 APR 22 AM 10:55
(Name of Corporation as current)	y filed with the Florida Dept. of State) OF STATE
P94000037	901 MILLAND, EE, F.
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/O
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address: W/A	, Florida(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar Signature of New Formula (1988)	with and accept the obligations of the position.
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.

Example: X Change	PT Joh	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address 27.55 Convert On Anti-
1) Change	<u> </u>	JASON ELMORE	275 Spring OR Apt 6
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if	ditional Articles, enter of the specific of th	îc)			
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If an amendment provide	s for an exchange, recla	ssification, or canc	ellation of issued sha	res,	
provisions for implemen	ting the amendment if r	ot contained in the	amendment itself:		
(if not applicable, ind	icate N/A)				
N/A					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: /V/Q.	
Effective date if applicable: ///// / (no more than 90 days after amend	lment file date)
Note: If the date inserted in this block does not meet the applicable statutory filindocument's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors action was not required.	without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for ap	proval
by	
(voting group)	
Dated 4/14/2022	
(By a director, president or other officer – if directors of	
selected, by an incorporator – if in the hands of a receiv	er, trustee, or other court
appointed fiduciary by that fiduciary)	
FOMUDO CARREIRO	
(Typed or printed name of person sig	gning)
PRESIDENT	
(Title of person signing)	