P99000079303

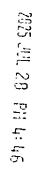
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Cement-It, Inc.						
DOCUMENT NUMBER: P99000079303							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all corre	spondence concerning this ma	tter to the following:					
	Nicole M. Ciovacco, Esq.						
	•	Name of Contact Persor	1				
	NMC Legal						
	-	Firm/ Company					
	1760 SW 30th Place						
	Address						
	Fort Lauderdale, Florida 33315						
	City/ State and Zip Code						
	nicole@nmclegal.com						
		ed for future annual report	notification)				
For further informatic	on concerning this matter, pleas Esq.	954	980-1121				
Name of Contact Person		at (at (Area Coo	de & Daytime Telephone Number				
Enclosed is a check for	or 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)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee d. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Cement-It, Inc.			
(Name of Corporation as curren	ntly filed with the Florida Dep	ot. of State)	
P99000079303		<u> </u>	
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation :	adopts the following amendmen	n(s) 1
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.A	A professional corporation	" or the abbreviation "Corp.,"	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
		2025	
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>~~~</u> 1	•
		- P .	.
D. If amending the registered agent and/or registered office ac	Urace in Florida, antar the ne	nma of the	
new registered agent and/or the new registered office addre		tine of the	
Name of New Registered Agent			
(Florida	street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent.—I am familia	nt: r with and accept the obligatio	ns of the position.	
Signature of New	Registered Agent, if changing		
Check if applicable			

 \Box 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)

Example:

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>b.l.</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	8	Lena Krokstedt	2455 E Sunrise Blvd., Suite 1100
Add			Fort Lauderdale, FL 33304
Remove 2) Change	8	Carl Krokstedt	2455 E Sunrise Blvd., Suite 1100
X Add			Fort Lauderdale, FL 33304
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	ler action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	dment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment(s	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	ter krokstedt	
(By a selec	TUP EFFECTION THE STATE OF THE	
	Peter Krokstedt	
	(Typed or printed name of person signing)	
	Chairman of the Board	
	(Title of person signing)	