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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

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TO:

TO: Registration 3 Division of Co			
	CRETE SERVICES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	OROZCO GONZALEZ, I	DANIELLA	
		Name of Person	
	DO CONCRETE SERVIC	CES LLC	
		Firm/Company	
	13050 NW 30th Ave		
	 	Address	
	Opa Locka, FL 33054		
		City/State and Zip Code	
	amdiusa@gmail.com		
Don Combon in Comment		to be used for future annual report no	titication)
Por luriner information	concerning this matter, please of	aii:	
OROZCO GONZALE	Z, DANIELLA	305 200-4778 at ()	
Name	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration		Street Address: Registration So	ection
Division of	Corporations	Division of Co	rporations
P.O. Box 63		The Centre of	
Tallahassee	, FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DO CONCRETE SERVICES LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>02/04/2021</u>	and assigned
Florida document number L21000061985		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AMDI USA II. LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2021
		22 厂
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	imer i un au meet quitess	
	, Flori	ida
	vii)	zap cour

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-	□Add
		·	□Remove
			☐ Change
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			□Remove
			□ Change

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Signature of a member or authorized representative of a member	Dated February 14th	2024			
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Filing Fee: \$25.00