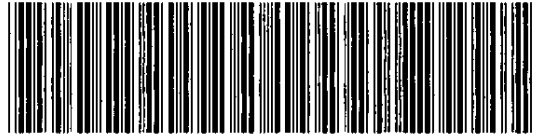


L04000077935

(Requestor's Name)



800158336118

(Address)

All this portion can be removed for recipient's records.

Date 9-21-09 FedEx Tracking Number

870512623047

Sender's Name Shirley Jones

Phone 361 742-3049

Company CONCRETE SERVICES LLC

Address 2976 LARK RD

Dept./Floor/Suite/Room

City PALM SPRINGS

State

FL

ZIP

33406-7646

Our Internal Billing Reference

Att. M. G. M's

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

09/23/09--01030--003 **25.00

FILED
09 SEP 23 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 24 2009

EXAMINER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Vero Development Partners, LLC
Liability Company
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10-27-04 and assigned
Florida document number 404000077935

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal offices address, if applicable:

N/A
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A
(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager -
MGRM = Managing Member with co

Title	Name	Address	Type of Action
MGRM	Shirley S Jones	2976 Lark Rd Palm Springs FL 33406	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Eric C Kontos	2976 Lark Rd Palm Springs FL 33406	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated 9-21-09

Patricia Shawn Free
Signature of a member or authorized representative of a member

Patricia Shawn Free
Typed or printed name of signee

FILED
09 SEP 23 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA