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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions t	to Filling Officer:	
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JUN 0 1 2017 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Veneercrete, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark W. Jensen SR_ Name of Person
Veneercrete, LLC
6677 Lost Lake Ct. Address
Jupiter FL 33458 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Noelle Antonucci at 561, 654 - 8604 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$50.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Taliahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Veneuror	reto				
(Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on Ct. 100, 2007 and assigned Florida document number <u>L07000100 281</u> .					
A. If amending name, enter the new name of the limit	ed liability company here:				
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRI	ESS)				
	22 22 28 28 28 28 28 28 28 28 28 28 28 2				
Enter new mailing address, if applicable:	\$ 2				
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registe	ered office address on our records, enter the name of the new				
registered agent and/or the new registered office addre					
Name of New Registered Agent:					
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 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 Changing Registered Agent, Signature of New Registered Agent

of removed from our records: MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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	C. T. Commercial Comme
ective date, if other than the date of filing:	- జైస్ట్ అ
effective date is listed, the date must be specific and cannot be prior to date	(option):
ie: If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	tatutory filing requirements, this date will not be liste
union s choose date on the Department of State's feorids.	
record specifies a delayed effective date, but not an a feet the feet of the feet file.	emective time, at 12:01 a.m. on the earlie
ed May 18 2017	
ed May 18, 2017. Signature of a member or suthorized.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00