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SECRETARY OF STATE
ALLAHASSEE FLORIDA

T. HAMPTON

JUN 1 0 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: CEMEN	ITOS EXPRESOS I	DEL CARIBE, LLC	
	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MATEO RICHARD	(Name of Person)	
		(Name of Person)	
	CEMENTOS EXPRESO	S DEL CARIBE, LLC	
		(Firm/Company)	
	444 Brickell Ave., Suite 5	51-137	
		(Address)	
	Miami, Fl. 33131-2492		
		(City/State and Zip Code)	
For further information co	oncerning this matter, please c	all:	
MATEO RICHARD		at (_954) 650 9490	
(Name o	(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for th	e 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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 OF

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SECRETARY OF TALLAHASSEE.	JUN N	ना
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CEMENTOS EXPRESOS DEL CARIBE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Liability Company) ഗ The Articles of Organization for this Limited Liability Company were filed on 11/23/07 and assigned Florida document number L07000117579 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: 444 Brickell Ave., Suite 51-137 Miami, Fl. 33131-2492 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 444 Brickell Ave., Suite 51-137 Miami, Fl. 33131-2492 (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: New Registered Office Address: (Enter Florida street address) Florida (City)

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Future Option-Mateo Usuga	5600 SW 145th Ave Southwest Ranches, FI 333130	Add Remove
<u>MGRM</u>	Future Option-Mateo Richard	444 Brickell Ave., Suite 51-137 Miami, Fl. 33131-2492	Add Remove
			Add Remove
D. If ame	ending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessa	SECRETALIANA
-			ARY OF SIA
- Dated	6/4/08	· \	E 24
	HAT	nter of authorized representative of a member EV USUG Apped or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00