

L09000049429

(Requestor's Name)

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(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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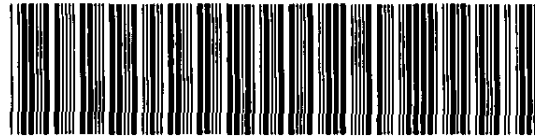
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APR 7 2011

EXAMINER



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DIVISION OF CORPORATIONS
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EXAMINER

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

REGIONAL MATERIAL LLC

Signature _____

Requested by: SETH

04/04/11 11:00

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

114 Ponder's Printing • Tallahassee, FL 32301

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SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
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____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REGIONAL MATERIAL LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR -4 PM 12:58

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RIC CALZADA II

Name of Person

DOROUGH CALZADA & SOTO

Firm/Company

419 NORTH MAGNOGLIA AVE

Address

ORLANDO, FL 32805

City/State and Zip Code

RCALZADA@MYLAWSOLUTIONS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGEL BAEZ-CAMACHO

Name of Person

at (407)

745-0713

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

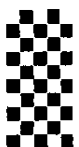
☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING 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

REGIONAL MATERIAL LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR -4 PM 12:58

The Articles of Organization for this Limited Liability Company were filed on MAY 2009 and assigned
Florida document number LO9000049929.

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:

(Principal office address **MUST BE A STREET ADDRESS**)

3920 A W COLONIAL DRIVE

ORLANDO, FL 32808

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

4630 S KIRKMAN RD SUITE 172

ORLANDO, FL 32811

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:

RIC CALAZDA II

New Registered Office Address:

419 N MAGNOLIA AVE

Enter Florida street address

ORLANDO

City

Florida

32801

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|--|--|
| MGRM | JOSE VILLAMIL R JR | 1043 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | MARK A BROWN | 4051 KYNDRA CIRCLE RICHARDSON, TX 70582 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | ANGEL BAEZ-CAMACHO | 4630 S KIRKMAN RD SUITE 172 ORLANDO, FL 32811 | <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 |

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

PLEASE ADMEND AS FRAUD HAS BEEN COMMITTED IN ENTERING

NAMES HERE WITHOUT ANY AUTHORIZATION, BY US.

Dated APRIL 4TH, 2011


Signature of a member or authorized representative of a member

ANGEL BAEZ-CAMACHO MGRM

Typed or printed name of signee