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(Address)

(City/State/Zip/Phone #)

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(Document Number)

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OF FLORIDA  
TALLAHASSEE, FLORIDA

AUG 06 2014  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A & A concrete & Construction Services, 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:

Name of Person  
A & A Concrete & Construction Services, LLC  
Firm/Company  
1703 W Crawford St.  
Address  
Tampa, Fl. 33604  
City/State and Zip Code  
yusnelalmarales@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oreste Infante at 814 613-4119  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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## A&A Concrete and Construction Services, LLC

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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jose Almarales	1703 W Crawford St. Tampa, Fl. 33604	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Yusnel Almarales	6006 W. North St, Tampa, Fl. 33634	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 TAMPA, FLORIDA

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

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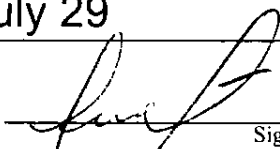
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific; cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 29, 2014



Signature of a member or authorized representative of a member

Jose Almarales

Typed or printed name of signee

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Filing Fee: \$25.00

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