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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUL -7 AM 8:27

FILED

J. SAULSBERRY
EXAMINER

JUL 8 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Deco Concrete
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:

Wayne Layton

Name of Person

Florida Deco Concrete

Firm/Company

222 Williams Rd

Address

Winter Springs, FL 32708

City/State and Zip Code

Floridaconcrete@ymail.com

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

For further information concerning this matter, please call:

Wayne Layton

Name of Person

at (407)

227-2466

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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**

Florida Deco Concrete

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

FILED
2011 JUL -7 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/15/2010

Florida document number L10000040474

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)

Omar Garlarza

955 Country Charm Cir.

Oviedo, FI 32765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Omar Garlarza

955 Country Charm Cir.

Oviedo, FI 32765

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:

Omar Galarza

New Registered Office Address:

955 Country Charm Cir.

Enter Florida street address

Oviedo

City

Florida

32765

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.

Omar Galarza
If Changing Registered Agent, Signature of New Registered Agent

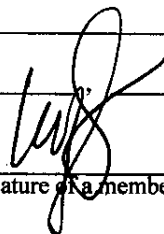
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Omar Galarza	955 Country Charm Cir. Oviedo, FL 32765	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 6/17/2011



Signature of a member or authorized representative of a member

Wayne Layton

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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2011 JUL -7, AM 8:
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TALLAHASSEE, FLORIDA