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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Sec Division of Corp			DIVIG		
SUBJECT: CONCL	ete, Block and Name of Limi	Stone ited Liability Company	12 FEB 20 M 9: 38		
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Shawn	DaSilva Name of Person			
		Firm/Company	- 30 to be a distance of the second of the s		
5501 makoma Dr Address					
City/State and Zip Code City/State and Zip Code Dose Silva @ Concrete Blockstone construction com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of	Person	at (407) 694 117 Area Code & Daytime T			
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

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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

Concrete Block and (Name of the Limited Liability Comp (A Florida Limited	Stone pany as it now appears on of Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>41100006693</u> .		o 23
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lise Shawn Dasi Va The new name must be distinguishable and end with the words "Lin"L.L.C."		e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5521 make	ma Dr 328399
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered office address he		cords, enter the name of the new
Name of New Registered Agent:		Annales Contract of the Contra
New Registered Office Address:	Enter Flo	rida 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 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 Title **Address Type of Action** Name | Shawn Daslua ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 49% of the company Dated February Signature of a member or authorized representative of a member SOSE SILVA
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00