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SECRETARY OF STATE

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: ARE CONCIETE	RESTOLATIONS LI	<u>L</u> C.
Name of Lim	ited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
,	. /	
Frederick	H Belenski	
A&F COACTE	ete restoration	is LLC.
	Firm/Company	
4212 LOQU	a-T- Bd.	16 16
	Address	9CT
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<u>36817177 1 3</u>	City/State and Zip Code	
Concrete a	136@ 6MA/L.COM to be used for future annual report notific	<u> </u>
	•	cation)
For further information concerning this matter, please ca	all:	
Frederick H Belenski	at (863) 3/4-6, Area Code Daytime	160
Name of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:	•	•
\$25.00 Filing Fee \$\to\$ 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	STREET/COURIE Registration Section Division of Corporat	
P.O. Box 6327 Taliahassee, FL 32314	Clifton Building 2661 Executive Cen	
•	Tallahassee, FL 3230	UI

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 10-17-2011 Florida document number <u>~ 1100011885</u>/ 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 contain 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) Enter new mailing address, if applicable: (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 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
<u>a mbr</u>	Anita G. CARSON		
		4212 Loqual rd Scarpy FL 33875	Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			SECONDO ALLES
			CRETARICY UP 3
			PH LEIO
			☐ Remove
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Filing Fee: \$25.00