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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Precast Creations LC DBA
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:
Torge Carrera Name of Person
Preast Pacs Firm/Company
41780 Vitex Cart
Ewtis : FL; 35736 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Solfa (2009) at (305) 764-1136 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	ons LLC	DRA Freca	St 14d5)	<u>/</u>
(Name of the Limi	(A Florida Limited Lia	<u>as it now appears on ou</u> bility Company)	r records.)	
The Articles of Organization for this Limited L		ere filed on $6/0$	1/2012	and assigned
Florida document number <u>L/20000 7-3</u>	485			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabili	ty company here:		
The new name must be distinguishable and contain the v	vords "Limited Liability	Company," the designati	on "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:		_	
(Principal office address MUST BE A STREE	ET ADDRESS)		- -	

Enter new mailing address, if applicable:				S
(Mailing address MAY BE A POST OFFICE	BOX)			1
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				*
B. If amending the registered agent and/or r		dress on our records	, enter the nar	
agent and/or the new registered office addre	<u>ss here</u> :			ð
Name of New Registered Agent:	Jorge	e Carrera	_	
New Registered Office Address:	39801 F	e Carrera vest Drive Enter Florida stree	et address	
	Eustis	City		32736
		City		Zin 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ctive date, if other than the date of	f filing:		(optional)	
effective date is listed, the date must be speci e: If the date inserted in this block does	s not meet the applic	able statutory filing re-		
ment's effective date on the Departmen	nt of State's records.			
ord specifies a delayed effective date, b	out not an effective ti	me. at 12:01 a.m. on t	ne earlier of: (b) Th	ne 90th day after th
filed.			` '	•
d 8/23/11				
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Dagoberte	le of a member or autho	orized representative of a	member	