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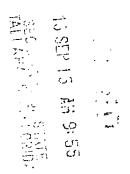
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COYER LETTER

TO: Registration Security Division of Cor		A. *	
ECCONCR	ETE DESIGN, LLC		
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	ENRIQUE HERRERA		
		Name of Person	···
	ECCONCRETE DESIGN, I	LLC	
		Firm/Company	
	110 E 10 ST APT 23		
		Address	
	HIALEAH, FL 33010		
		City/State and Zip Code	
	ECCONCRETE@YAHOO.		
	E-mail address: (to	be used for future annual report notification	ation)
For further information co	oncerning this matter, please cal	l :	
ENRIQUE HERRERA		305 764-8714	•
Name o	f Person	at ()Area Code Daytime T	elephone Number
Enclosed is a check for th	ne 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

ECCONCRETE DESIGN, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company))
The Articles of Organization for this Limited Liability Com Florida document number L12000149869.	pany were filed on 11/30/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abhreviation "L.L.C."
Enter new principal offices address, if applicable:		TE 02 1
(Principal office address MUST BE A STREET ADDRES	(S)	建 一
		ing on
Enter new mailing address, if applicable:		20 g
(Mailing address MAY BE A POST OFFICE BOX)		A STATE OF THE STA
(Musing uturess MAT BE AT OST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		11111
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ENRIQUE HERRERA SR.	864 W 72 PL HIALEAH, F 33014	■ Add
		<u> </u>	□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
-		Management of the second of th	Add
			□ Remove
			☐ Change
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fective date, if other than the date of n effective date is listed, the date must be spec	filing:	(optional) ore than 90 days after filing.) Pursuar	nt to 605.0
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cument's effective date on the Departme	nt of State's records.		
record specifies a delayed effect	tive date, but not an effective ti	me, at 12:01 a.m. on the	e earlier
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ENRIQUE HERRERA			

Page 3 of 3

Filing Fee: \$25.00