

L13000201985
Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

2013 SEP 11 AM 8:16
FLORIDA DIVISION OF CORPORATIONS
RECEIVED
FLORIDA DIVISION OF CORPORATIONS
2 of 6 13/09/2013 11:11

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000201985 3)))



H130002019853ABC\$

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.**

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : 120050000099
Phone : (813) 932-5244
Fax Number : (813) 932-3782

* 13 SEP 11 PM 1:05
RECEIVED
13 SEP 11 PM 1:05
S E C R E T
F A I L A B L E
S E C R E T
F A I L A B L E

Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IN HIS HANDS CONCRETE & MASONRY SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SEPT 12 2013

J. BRYAN

From: Jason Morales Fax: +1 (813) 445-7084 * 102

To: (((H13000201985 3))) Fax: +1 (850) 617-6383

Page 3 of 6 9/11/2013 11:13
(((H13000201985 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IN HIS HANDS CONCRETE & MASONRY SERVICES, LLC
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:

JASON D. MORALES

Name of Person

CONTRACTORS REPORTING SERVICE, INC

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33624

City/State and Zip Code

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

For further information concerning this matter, please call:

JASON D. MORALES

Name of Person

(813) 932-5244

Area Code & Daytime Telephone Number

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

2013 SEP 11 AM 8:16
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

IN HIS HANDS CONCRETE & MASONRY SERVICES, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2013 SEP 11 AM 8:16
FILED
SECRETARIAL STAFF
TALLAHASSEE, FLA.

The Articles of Organization for this Limited Liability Company were filed on 3/4/2013 and assigned Florida document number L13000032368.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DBC CONCRETE AND MASONRY LLC

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)

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 new 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 _____ 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 **Name**

Address

Type of Action

- Add
- Remove

Add

Add

Add

Add

Add

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

Dated SEPTEMBER 10 2013

~~Signature of a member or authorized representative of a member~~

STEVEN C RITCHEL
Typed or printed name of signee