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.

(((H13000208790 3)))



H130002087903ABC/

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099
Phone : (813)932-5244
Fax Number : (813)932-3762

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

Email	Address:	JASON@ACTIVATEMYLICENSE.COM
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DBC CONCRETE AND MASONRY LLC

ME CELVED 13 SEP 19 PM 12: 33 SECRETARY OF STATE

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

K. SALY EXAMINER From: Jason Morales

TO:

Fax: +1 (813) 445-7084 102

To: (((H13000208790 3))) d Fax: +1 (850) 617-6383

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COVER LETTER

TO: Registration S Division of Co	ection rporations				
SUBJECT:	DBC CONCRET	E AND MASONRY LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		JASON D. MORALES			
		Name of Person			
	CONTRACTOR	S REPORTING SERVICE,	INC		
		Firm/Company			
	137	13795 N NEBRASKA AVE Address			
		TAMPA, FL 33624			
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notificate	ion)		
For further information of	concerning this matter, please c	all:			
JASO	N D. MORALES	at(813) 932	3-5244		
Name of Person		Area Code & Daytime Te	elephone Number		
Enclosed is a check for t	he 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

From: Jason Morales

Fax: +1 (B13) 445-7084 102

To: (((H13000208780 3))) d Fax: +1 (850) 617-6383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 SEP 19 AM 10: 00 SEUNETAKY OF STATE TALLAHASSEE, FLORIDA

Name of the Limited Liability Compan (A Florida Limited Li	D MASONRY LL y as it now appears ability Company)	C on our records.)	·
The Articles of Organization for this Limited Liability Company	were filed on	3/4/2013	and assigned
Florida document numberL13000032368			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
IN HIS HANDS CONCRETE & 1			
The new name must be distinguishable and end with the words "Limit "L L.C."	ed Liability Company	," the designation "LLC	" or the abbreviation
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 off registered agent and/or the new registered office address here		r records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	r Florida street addres.	·
		, Florida	
	City	1	Zip Code
New Designand Agent's Signature if changing Designand Agent.			

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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Title	lanaging Member <u>Name</u>	Address	Type of Action
•			
	<u> </u>		
			LJ Kemove
			☐ Remove
			☐ Remove
	<u></u>		🗇 Add
			☐ Remove

Dated _	SEPTEMBER	<u> 19 , 2013 .</u>	
		Signature of thember of authorized representative of a member	
		STEVEN C RITCHEL	
		Typed or printed name of signee	

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