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(Requ	estor's Name)	· ·
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	





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COVER LETTER

Division of Co	rporations			
	rete and Masonry LLC	,		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Steve C Ritchel			
		Name of Person		
	DBC Concrete and Mason	ry LLC		
		Firm/Company		
	11705 Boyette Road Ste 40	63		
		Address		
	Riverview Florida 33569			
	. ,	City/State and Zip Code		
	Diversifiedbuildingcontract	_		
	E-mail address: (to be used for future annual report notification)		
for further information of	concerning this matter, please c	all:		
Steven Ritchel		813 360-4849 at ()	202	
Name o	of Person	at () Area Code Daytime Telephone Number	2020 SEP 14	7; Tec
nclosed is a check for t	he following amount:		罗 置	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified (ing Fee, e of Status &	

TO:

Registration Section

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

DBC Concrete and Masonry LLC					
(Name of the Lim	(A Florida Limited	any as it now appears on our records.) Liability Company)		_	
The Articles of Organization for this Limited I		were filed on 03/04/2013	and	d assign	ed
Florida document number L13000032368	·				
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name of	of the limited liab	pility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviatio	n "L.L.C.	
Enter new principal offices address, if appli	icable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	N/A			
B. If amending the registered agent and/or tgent and/or the new registered office address.		address on our records, enter the na	me of the	antw re	gistere
Name of New Registered Agent:	N/A			<u>-</u>	-E-
New Registered Office Address:	N/A		05 1(2) 170	<u> </u>	.] ! !
		Enter Florida street address , Florida		7: 54	
		City .	Zip C	lode l	

w Registered Agent's Signature, if changing Registered Agent:

sereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability npany has been notified in writing of this change.

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
MGR	Romo, Miguel	11705 Boyette Road STE 463	□Add
		Riverview Florida 33569	Remove
			□Change
			□Add
			🗀 Remove
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tive date, if other than the date of filing:		
If the date inserted in this block does not meet the applicable statutory filingment's effective date on the Department of State's records.	g requirements, this date will	not be listed
·		
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90t	h day after tl
filed.		
September 10th 2020		

Typed or printed name of signee