# L130000 43282

(Req	uestor's Name)			
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DIVISION OF CORPORATIONS

JUL 5 2013

T. HAMPTON

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Name of Limited Liability Company	<del></del>
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
FRED GUIDA	
Name of Person	<del></del>
Firm/Company	<del></del>
554 E OSCEOLA RD	
Address	
GENEVA, FL 32732	
City/State and Zip Code	

Enclosed is a check for the following amount:

Name of Person

□ \$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 States &
Certified Copy
(additional copy is enclosed)

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Area Code & Daytime Telephone Number

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Central Florida Concrete and Maso		
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	<del></del>
	The second secon	<b>-</b> 9
The Articles of Organization for this Limited Liability Con	mpany were filed on Warch 22, 2013	and assigned
Florida document number L13000043282		and assigned
		3 5 5 5 F
This amendment is submitted to amend the following:		FOF STATE
This amendment is submitted to amend the following.		39
A. If amending name, enter the new name of the limite	ed liability company here:	<u> -</u> 출유
		9 HS
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 ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. Te among the state and the state of the s		
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		the name of the nev
	<u> </u>	
Name of Name Designated Assets		
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street add	dress
	, Florida	
	City	7in 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 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 **Type of Action** Title Address Name 4803 S. St. Brines Circle James Nasternak **MGRM** Orlando, Fl., 32812 Brian Bucklan 5461 Baytower Pl. **MGRM** Oviedo, Fl., 32765 Remove Remove Remove

	ending any other information of the characteristic in the characte		(Attach additional sheets, if neces	sary.)
-				<del></del>
Dated	6/23/2013			
	Fred	1 Juis	,	
	Sig	gnature of a member or authoriz	ed representative of a member	
•	Fred Guida			
	<del></del>	Typed or printed i	name of signee	,

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Filing Fee: \$25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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