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COVER LETTER

TO: Registration Sect Division of Corpo			· · · · · · · · · · · · · · · · · · ·
suвјест: <u>А</u> ССС		ete Services ited Liability Company	,LC.
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	_50se)	Almaraz Name of Person	
	Almaraz C	concrete Service	
	6678 Sn	Address	SEP 2
	Bartow	City/State and Zip Code	72
	Stalmara E-mail address: (.Z.46@gmail. to be used for future annual report notifie	Com 5
For further information con	cerning this matter, please ca	all:	
SOSE Always Name of P	araz erson	at (<u>763</u>) <u>205 -</u> Area Code Daytime	2236 Telephone Number
Continued in a short Country	6-11	·	
Enclosed is a check for the \$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)
Registrati Division P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURIE Registration Section Division of Corporal Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Almaraz Cor	rarete Services, LLC.
(<u>Name of the Limited Li</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L14000320</u>	ty Company were filed on $02/25/2014$ and assigned 25 .
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain 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 AL	DDRESS)
	9
	The state of the s
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	2 2
	9 - Şf
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, <u>enter the name of the new</u> address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter r toriau street aaaress
	, Florida City Zip Code
	Eny Zap 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Elisa Contreras	6678 Snell Rd	Add
		Bartow, FL	□ Remove
		33830	Change
		······	Add
			□ Remove
			□ Change
			16 SEP
			Remove SST
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Effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Notes: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The 90th day after the record is filed. Signature of a member or authorized representative of a member	Iffective date, if other than the date of filling:		·		
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Filing Fee: \$25.00