## 144000032025

(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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SEGRETARY OF STATE
JALLAHASSEE, FLORIDA

OCT 2 0 2018 S. YOUNG

## **COVER LETTER**

Division of Corporations		
SUBJECT: Almaraz Concrete 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:		
50se Almaraz Name of Person	_	
Almaraz Concrete Svo's, LLC	<u>'-</u>	
6678 Snell Road Address	-	
Bartow, FL 33830 City/State and Zip Code  Falmaraz 46 amail, com  E-mail address: (to be used for fature annual report notification)	18 OCT SECRETA TALLAHA	F
For further information concerning this matter, please call:	NS I	馬
Name of Person at (86) 205 - 2236  Name of Person Area Code Daytime Telephone Number	PN 5: 44 FLORIDA	
Enclosed is a check for the following amount:	•	
(additional copy is enclosed) Certified	ite of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Almaraz Cor Name of the Limited L	Orete s	Service's it now appears on our r	echrds.)	
		1	1	
The Articles of Organization for this Limited Liabil	ity Company were	filed on $A A$	5/14	and assigned
Florida document number <u>L1400003202</u>	5			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability c	ompany here:		
The new name must be distinguishable and contain the words	"Limited Liability Co.	mpany," the designation	"LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable	::			
(Principal office address MUST BE A STREET A	DDRESS)			· · · · · · · · · · · · · · · · · · ·
				. <b></b> ·
			AHA AHA	
Enter new mailing address, if applicable:				· 5 <del>18</del>
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	·	rnc m	<b>3</b> 0 -
				<del>ृ</del>
B. If amending the registered agent and/or r registered agent and/or the new registered office		nddress on our rec	cords, enter the	name of the nev
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street ac	elele von	
		enter r torida st <b>ree</b> t de	aaress	
_	C	itri	, Florida	v Code
	٠.	7	2,1	J 00me

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
<u>.S</u>	Jose Almaraz	4578 Snell Rd	<b>X</b> Add
		Barton, FL 33830	CRemove
			Change
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an effective date is list of the date in t	ther than the date sted, the date must be serted in this block and date on the Depart	specific and canno does not meet th	ie applicable sta	of filing or more than tutory filing requi	(optional) n 90 days after filing.) I frements, this date w	Pursent to 60 00 or ill took be listed	207 (3) as the
record specifi The 90th day a	es a delayed ef after the record	fective date, is filed.	but not an e	ffective time,	at 12:01 a.m. o	n the earlier	of:
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		20	<b>—</b> —				
	- Sigr	ature of a membe	r or authorized re	presentative of a me	mber		
	5	50 A1	Maraz	,			

Page 3 of 3

Filing Fee: \$25.00