14000080182

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	e)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400439190634

11/08/24--01012--011 **25.00

DEC 07

COVER LETTER

Registration Section Division of Corporations

DELVYS CONCRETE PUMPING LLC

ЫЕСТ :	Name of Lim	ited Liability Company	
enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
ise return all corresp	oondence concerning this matter	to the following:	
	Alian Garcia		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	DELVYS CONCRETE P	UMPING LLC	
		Firm/Company	
	14260 SW 240 Street		
		Address	·
	Miami FI 33032		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
further information	concerning this matter, please c	all:	
n Garcia		786 443 8332	
Name	of Person		Telephone Number
sed is a check for	the 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 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

DELVYS CONCRETE PUMPING LLC		Μ- α
(Name of the Limited Liability Com (A Florida Limited	pany as It now appears on our records.) I Liability Company)	
Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
da document number L14000080182		<u>"</u> .
amendment is submitted to amend the following:		
f amending name, enter the new name of the limited lia	bility company here:	
ew name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or t	he abbreviation "L.L.C."
·		
r new principal offices address, if applicable:		
cipal office address MUST BE A STREET ADDRESS)		
		
r new mailing address, if applicable:		
ling address MAY BE A POST OFFICE BOX)		
	d d	
f amending the registered agent and/or registered office t and/or the new registered office address here:	e address on our records, enter the	name of the new registe
t and or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a.
	City	Zin Code

Registered Agent's Signature, if changing Registered Agent:

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

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added removed from our records:

GR = Manager

1BR = Authorized Member

<u>fe</u>	<u>Name</u>	Address	Type of Action
mager	Erisbel Fojo	14260 SW 240 Street Homestead, FL 33032	□Add
			□Change
			□Add
			□Remove
			□ Add
			□Remove
			□Change
			🗆 Add
			□ Remove
		 	□Change
			🗆 Add
			□Remove
			□ Change
La Carta			□Add
			Remove
			□Change

				- <u>-</u>		
						
					 .	
					·····	
		-				
<u> </u>	·					
<u> </u>						
						
ive date, if other th	han the date of fil	ing:and cannot be prior to d	are of filing or many th	(optional)	Dummant to 605	. 0207 (2)
If the date inscrted i	in this block does no	ot meet the applicable	statutory filing requ	airements, this date v	vill not be list	ed as the
nent's effective date	on the Department o	f State's records.				
d specifies a delayed led.	d effective date, but r	not an effective time,	at 12:01 a.m. on the	e earlier of: (b) The	90th day after	r the
iou.						
		- /	\sim 0		~	
	<u> </u>	-, - AK)///)¶? 4
		1				AUS VOUG
	Ciamatum af	a member authorized	d representative of a n	nember	1.5	
	Signature of	/ /////				
	Signature of A					က
	Signature of	LIAN GAR Typed or printed n	,ciA			3 <u>21</u> C:

Filing Fee: \$25.00