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TO: Registration Se Division of Cor	ection rporations				
Amor Cond	crete LLC.				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Angelica Amor				
		Name of Person			
	Amor Concrete LLC.				
		Firm/Company			
	14536 sw 97 st				
		Address			
	Miami FL 33186				
	 ,	City/State and Zip Code			
	aamor21@gmail.com			₩ 23	
	E-mail address: (to be used for future annual report notific	ation)	2015 HAY	
For further information of	concerning this matter, please ca	all:		報音	
Angelica Amor		305 528-3674		ARY O	
Name o	of Person	at () Area Code Daytime T	elephone Number	AH 10:	77
)			AH 10: 39 F STATE FLORIDA	3,,,,,,
Enclosed is a check for t	he following amount:			9 A	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	

MAILING ADDRESS:

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

Amor Concrete LLC.		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on July 3, 2014	and assigned
Florida document number L14000106371		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Amor Pools LLC.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14536 SW 97th Street	
(Principal office address MUST BE A STREET ADDRESS)	MIami FL 33186	
		A
Enter new mailing address, if applicable:	Same	45 2
(Mailing address MAY BE A POST OFFICE BOX)		ma a M
		5º 5
		30 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our reco e:	rds, enter the name of the new
	-	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	City	Zip 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 = Manager

AMBR = Authorized Member Type of Action <u>Title</u> <u>Name</u> **Address** _□ Add _□ Remove ☐ Change □ ∧dd □ Remove ☐ Change □ Add _□ Remove _□ Change _□ Add 2015ve AY 2 Change (jo v**ä** ဒ္ဌဓ ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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Signature of a member or authorized representative of a member			angaghtatiya afa mambar	

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Filing Fee: \$25.00