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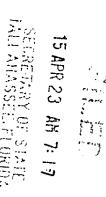
(Requ	estor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
cunt		ncrete LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	· ·	
		Paul Rivera		
			Name of Person	
		AMP Concrete LLC		
٠			Firm/Company	
		4921 Wedgewood V	Vay Unit 108	
			Address	
		West palm beach, F	L, 33417	, ·
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	ation)
For fur	rther information co	oncerning this matter, please ca	all:	
Paul	Rivera		561 234-0502	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
\$2	5.00 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

·	(A Piona Emilied Elability Company)	
The Articles of Organization for this Limited Li	ability Company were filed on 03/09/2015	and assigned
Florida document number <u>L15000042640</u>		
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with the	words "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/	or registered office address on our records, <u>e</u>	nter the name of the new
registered agent and/or the new registered of		tter the name of the new
		15
Name of New Registered Agent:	Paul Rivera	PR
New Registered Office Address:	4921 Wedgewood Way Unit 108	
	Enter Florida street address	30 3 70
	West palm beach , Florid	a 33417 :
	City	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:	
provisions of all statutes relative to the prope accept the obligations of my position as regis	d agent and agree to act in this capacity. I furthe er and complete performance of my duties, and I stered agent as provided for in Chapter 605, F.S. registered office address, I hereby confirm that the change.	am familiar with and Or, if this document is
	If Changing Registered Agent, Signature of Ne	w Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Angel M Rivera	4921 Wedgewood Way Unit 108	
		West palm beach, fl, 33417	Remove
MGR	Paul Rivera	4921 Wedgewood Way Unit 108	B Add
		West palm beach, fl, 33417	Remove
			
		······································	□ Remove
			Add Oi Remove
			23 ## 75
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			Remove

ctive date, if other	er than the date of filing: (options specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
effective date must be late this document is f	specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State)
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ffective date must be late this document is f	specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State)

Page 3 of 3

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