## 115000050316

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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations			
oun iner	J & A CON	CRETE LLC			
SUBJECT:		Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub	-		
riease return	an correspo	ndence concerning this matter	to the following:		
		JUAN MARTIN AMADO	)		
			Name of Person		
			Firm/Company		
		417 AV G SOUTH EAST	r		
			Address		2237
		WINTER HAVEN, FL 33	880		
		jaconcrete l 5@gmail.com	City/State and Zip Code		-: -:
			to be used for future annual report no	ntification)	
For further in	iformation co	oncerning this matter, please c	all:		: N
JUAN MAR	TIN-AMAD	00	863 5850768 at ()		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	iling Addres gistration S		<u>Street Address:</u> Registration S	ection	
•	-	orporations	Division of Co		
	). Box 632		The Centre of		10
1 41	lahassee, I	に フムストサ	Z410 IN. IVIONE	oe Street, Suite 81	ı <b>U</b>

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & A CONCRETE LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Corida document number L15000056316	Company were filed on 03/30/2015	and assigned
his amendment is submitted to amend the following:	<del></del> '	
A. If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>
Principal office address MUST BE A STREET ADD	RESS)	
		UT
		= = = = = = = = = = = = = = = = = = = =
		÷ %
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	ed office address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOHN MARTIN	417 AV G SOUTH EAST	<b>=</b> Add
		WINTER HAVEN, FL 33880	□Remove
			□Change
<del></del>			□Add
		<u> </u>	□Remove
			☐ Çhange
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ective date, if other than the of effective date is listed, the date must te: If the date inserted in this blowment's effective date on the Department's	be specific and cannot be prior to date of filing k does not meet the applicable statutory	(optional) or more than 90 days after tiling.) Pursuant to 605.020 filing requirements, this date will not be listed a
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after th
ed MAY 12	. 2023	
	Juan Harlin - Am	240

Filing Fee: \$25.00