

## L15 0000 56314

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## **COVER LETTER**

	Registration Se Division of Cor				
SHB IFC	J & A CONCRETE LLC				
SUBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		JUAN MARTIN AMADO	)		
			Name of Person		
			Firm/Company		
	417 AV G SOUTH EAST				
	Address				
		WINTER HAVEN FL 338			
City/State and Zip Code info@flbusinessservices.com					
		<del>-</del>	to be used for future annual report no	otification)	
For furthe	er information c	oncerning this matter, please c	all:		
JUAN M	IARTIN AMAL	00	863 585-0768		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed	is a check for the	he following amount:			
<b>■</b> \$25.0	00 Filing Fee	S30.00 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 Addres Registration 5		Street Address: Registration S	ection	
Registration Section Division of Corporations		Division of Co	orporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & A CONCRETE LLC		
( <u>Name of the Limited Liabi</u> li (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability C	Company were filed on 03/30/2015	and assigned
Florida document number L15000056316	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	202
		7.5 7.5
Enter new mailing address, if applicable:		1 < )
• • • • • • • • • • • • • • • • • • • •		: :
Mailing address MAY BE A POST OFFICE BOX)		
		<u>ျ</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:	#151 L #	
	Enter Florida street address	•
		rida
	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 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	□Add
		WINTER HAVEN, FL 33880	<b>=</b> n
		<del></del>	□Change
			□Add
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(If an effe Note:	te date, if other than the date of filing:
ne record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	AUGUST 12TH 2024
	Juan Martin - Amado Signature of a member or authorized representative of a member
	JUAN MARTIN AMADO
	Typed or printed name of signee

Filing Fee: \$25.00