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2015 SEP 28 P 12: 55
SECRETARY OF STATE

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COVER LETTER

TO: Registration Division of C			
SUBJECT:	oncrete Brod Name of Lim	Mers, LLC ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	<u> Veronica</u>	Badillo Name of Person	;
	Concrete B	Firm/Company	
	1275 Hunt	ington St Address	
	North Port	FL 3AZ88 City/State and Zip Code	
	Concrete brothe E-mail address: (to be used for future Innual report notif	ication)
For further information	concerning this matter, please ca	ali:	
Vennira Bax	e of Person	at (941) 999 – Area Code Daytime	1156 Telephone Number
Enclosed 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)	S60.00 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

	rothers LLC	w wasanda)
(A Flo	ability Company as it now appears on our orida Limited Liability Company)	records.
The Articles of Organization for this Limited Liabilit	y Company were filed on	ZI 15 and assigned
Florida document number <u>L1500014349</u>	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ecords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
<u> </u>		, 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, 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 Begistered A

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Erik Cintron	23175 Glory Are	
		23175 Glory Are Port Charlotte FL 3395	Remove
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	f filing:	r more than 90 days after f	nal) Iling.) Pursuant to 605.02
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Filing Fee: \$25.00