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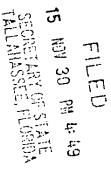
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PICK-UP	☐ WAIT	MAIL	
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S. YOUNG

# COVER-LETTER

ir.

Division of Corpo				
SUBJECT: AM	VICAN Concul Name of Lim	Le Services LL ited Liability Company	<u></u>	
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Joel (	OUTIEWEE Name of Person		_
	American (	ONCULTE SOUVICE	2/1/2	-
	3400 S M:11.4	ary trail	<del></del>	15 NO F.
	hate Wort	City/State and Zip Code		38年38日
	pel@americar E-mail address: (1	Septic Services/C to be used for future annual report notifi	cation)	PRINCE OF THE CORDS
For further information con-	cerning this matter, please ca	all:		2m 6
8001	rree	at (561 ) 701-85	595 Telephone Numbe	
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)	Certifie	ate 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

# TO ARTICLES OF ORGANIZATION OF

Homerican Conc	rete Jor	vices LLC		
(Name of the Limi	ted Liability Com (A Florida Limite	pany as it now appears on or d Liability Company)	ur records.)	
The Articles of Organization for this Limited L Florida document number <u>\\\ \\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		ny were filed on	4/15	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	of the limited lia	ability company here:		
		<del></del>		
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designat	ion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	rahle:			
(Principal office address MUST BE A STREE			,	
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		-		
Enter new mailing address, if applicable:				聖世
(Mailing address MAY BE A POST OFFICE BOX)				5% 8 m
				1 2 O
				97 E
B. If amending the registered agent and/or registered office address on our records, enter the name of the new				
registered agent and/or the new registered o	mce address he	ere:		
Name of New Registered Agent:	Ros	remary Roa	Priquez	
New Registered Office Address:	3400 5	Hilitary fr Enter Florida stre	eet address	
	lake	Worth	, Florida	33461 7in Code
		··· <i>y</i>		240000

### 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.

CoSerrory Lo Long uz

If Changing Registered Agent, Signature of New Registered Agent

# or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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E. Effec	tive date, if other than the date of filing: (option) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after f	nal)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this	date will not be listed as the
docur	nent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.	m. on the earlier of:
(b) The	e 90th day after the record is filed.	
Dated	<u>11/24/15</u>	
Baile		
	Toel Cutierre	
	Signature of a member or authorized representative of a member	·- · · · · · · · · · · · · · · · · · ·
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	Typed or printed name of signee	<del></del>

Page 3 of 3

Filing Fee: \$25.00