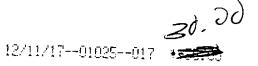
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| (Requestor's Name                       | <del>)</del> |
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| PICK-UP WAIT                            | ' MAIL       |
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| Certified Copies Certificat             | es of Status |
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| Special Instructions to Filing Officer: | •            |
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Office Use Only



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N. HARRIS

## **COVER LETTER**

| Division of Corp            |  |   |   |
|-----------------------------|--|---|---|
| FISCAL CO                   | NCRETE SERVICES LLC                          |   |   |
| 50b3EC1                     | Name of Lim                                  | ited Liability Company  |   |
|                             |  |   |   |
| The enclosed Articles of A  | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all correspon | dence concerning this matter                 | to the following:   |   |
|                             | JAIME GUZMAN                                 |   |   |
|                             |  | Name of Person  | <del>_</del>  |
|                             | BROTHERS MULTISER                            | VICIOS INC  |   |
|                             |  | Firm/Company  | <del></del>   |
|                             | 2821 SOUTHWEST 119T                          | H WAY   |   |
|                             |  | Address   | <del></del>   |
|                             | MIRAMAR, FLORIDA 3.                          | 3025  |   |
|                             | 1  | City/State and Zip Code   | <del></del>   |
|                             | BROTHERSMULTISERV                            | ICIOS@GMAIL.COM to be used for future annual report notifi          | eation)   |
| Care Const. on in Const.    |  | ·   | canony  |
|                             | ncerning this matter, please ca              |   |   |
| GUILLERMO FISCAL            |  | 561 351-0581at () Area Code Daytime                                 |   |
| Name of                     | Person                                       | Area Code Daytime   | Telephone Number  |
| Enclosed is a check for the | e following amount:                          |   |   |
| □ \$25.00 Filing Fee        | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                             |  |   |   |

STREET/COURIER ADDRESS:

Registration Section

Division of Corporations

Tallahassee, FL 32301

Clifton Building
2661 Executive Center Circle

MAILING ADDRÉSS:

Division of Corporations

Registration Section

Tallahassee, FL 32314

P.O. Box 6327

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FISCAL CONCRETE SERVICES LLC   |  |                             |
|--|--|-----------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited)              | ny as it now appears on our record<br>Liability Company) | <u>s.</u> )                 |
| he Articles of Organization for this Limited Liability Company           |  |                             |
| Florida document number L16000013523                                     |  |                             |
| iorida document number   |  |                             |
| his amendment is submitted to amend the following:                       |  |                             |
| A. If amending name, <u>enter the new name of the limited liab</u>       | oility company here:                                     |                             |
| N/A  |  |                             |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC                      | or the abbreviation L.C.    |
| Enter new principal offices address, if applicable:                      | N/A  |                             |
| Principal office address MUST BE A STREET ADDRESS)                       |  | i                           |
|  |  |                             |
| I  |  | _ t                         |
| Enter new mailing address, if applicable:                                | N/A  | <u> </u>                    |
| Mailing address MAY BE A POST OFFICE BOX)                                |  |                             |
| 3. If amending the registered agent and/or registered o                  |  | s, enter the name of the no |
| egistered agent and/or the new registered office address ner             | <u>c</u> .   |                             |
| Name of New Registered Agent: N/A  |  |                             |
| New Registered Office Address:   |  |                             |
|  | Enter Florida street addres                              | SS .                        |
|  |  | orida                       |
| 1  | 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>   | <u>Address</u>          | Type of Action       |
|----------------|---------------|-------------------------|----------------------|
| VP             | MARIA MENDOZA | 6303 15TH CT S          | Add                  |
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| If the date inserted in this blacent's effective date on the D cord specifies a delayed 90th day after the rec    | lock does not meet the applicable statutory filing requirements.  Department of State's records.  deffective date, but not an effective time, at 12:0 | , this date will not be |
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| If the date inserted in this blacent's effective date on the Decord specifies a delayed a 90th day after the rec  | deffective date, but not an effective time, at 12:0 cord is filed.  Signature of a member or authorized representative of a member                    | , this date will not be |
| If the date inserted in this blooment's effective date on the Decord specifies a delayed a 90th day after the rec | deffective date, but not an effective time, at 12:0 cord is filed.  Signature of a member or authorized representative of a member                    | , this date will not be |

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Filing Fee: \$25.00