## L160000023263

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400291648664

18/28/16--01016--012 \*\*25.00

SECRETARY OF STATE

דורבט

D. BRUCE

## **COVER LETTER**

	Registration Se Division of Cor		• .			
CYID IEC		NCRETE PUMPING & FINIS	HING, LLC			
SUBJEC	·1:	Name of Lim	nited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please ret	turn all correspo	ndence concerning this matter	to the following:			
		IRIS GARCIA			1	
		<del> </del>	Name of Person			
	ELITE CONCRETE PUMPING & FINISHING, LLC					
		<u> </u>	Firm/Company			
	15230 SHEILA ANN DRIVE					
			Address	······································		
		HUDSON, FL 34669				
		<u> </u>	City/State and Zip Code	TAL	201	
		RABOYKO@WHITEDOV	/EINC.NET (to be used for future annual report notific	cation) AGE	2016 NOV	77
For furthe	er information c	oncerning this matter, please c	•	TARY ASSEE	-	m
RICHAR	D A BOYKO, I	EA	727 8085427 at ( )	OF ST	ס	D
	Name o	f Person		Telephone Number	<del></del>	.,
Enclosed	is a check for the	he following amount:			•	·
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filin Certificate Certified Certifie	of Status opy	

TO:

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

ELITE CONCRETE PUMPING & FINIS	·		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our orida Limited Liability Company)	records.)	
he Articles of Organization for this Limited Liability	y Company were filed on $\frac{02/03/201}{1}$	5	and assigned
lorida document number L16000023263	·		
This amendment is submitted to amend the following	g;		
A. If amending name, enter the new name of the l	limited liability company here:		
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation	on "LLC" or the abbrevia	tion "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			
	<del></del>	20 AL	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our i	ecords, enter the	nameral the
		 SEE	
Name of New Registered Agent:		7 7 TO	П
New Registered Office Address:	n. n. v.	REAL W	
	Enter Florida stree	t address ⊳	
	City	, Florida 	n 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
NGR LUIS GARCIA		15230 SHEILA ANN DRIVE, HUI	Add
			Remove
			Change
	·		Add
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			SECRETAR Add ALLAHASS
		_	□ Remove
			Change
			Remove
			Change
	•		Remove
			Change

			•			
					<u> </u>	
<del></del>					*** .	
		,				
			· · · · · · · · · · · · · · · · · · ·	•		
		·			<del></del>	
				<del>-</del> 4		
				ALE:	<del>2018</del>	
		<u>.</u>		<u> </u>	N N	
				TARY IASSEI	-	
				EE.		$\overline{\Pi}$
		<u> </u>	<u> </u>		<u>0</u> پ	
				COFISTATE EE. FLORIO		
				D	or	
						_
ctive date, if other tha	n the date of filing: ate must be specific and cann	ot be prior to date of filin	g or more than 90 days	optional)	Pursuant to	605 (
e: If the date inserted in	this block does not meet t	the applicable statutory	filing requirements	s, this date v	vill not be	liste
ament's effective date on	the Department of State'	s records.				
				•		
record specifies a de ne 90th day after the	layed effective date e record is filed.	, but not an errect	ive time, at 12:	01 a.m. c	on the ea	arne
$_{\rm cd}$ $10/2$	4/16,					
	<del></del>	· · · · · · · · · · · · · · · · · · ·				
<b>&gt;</b>	Cer	per or authorized represer				_

Page 3 of 3

Filing Fee: \$25.00