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SECRETARY OF STATE

D. SCOTT 0CT 2 0 2016

## **COVER LETTER**

TO: Registration Se Division of Con		·	•		
SUBJECT:	CONCRETE	MIAMI DES. 6	JU FFC	· •	
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	EDVARDO F	Name of Person	YANEZ		
	902-0 sh	Firm/Company  125 AV #	- 201		
		Address			
	M'AMI FL	OK DA 33/	86		
	CONCRETE M E-mail address: (	to be used for future annual reporting	fication)	COM	
For further information of	concerning this matter, please c	all:		16 SECI	
Edvardo	AlARION	$\underbrace{\begin{array}{ccc} \text{at} & (786) & 630 \\ \text{Area Code} & \text{Daytime} \end{array}}_{\text{Area Code}}$	2492	OCT 2	FIL
Name o	of Person	Area Code Daytime	e Telephone Number	20 AM NRY OF ST SEE, FLI	ED
Enclosed is a check for t	he following amount:			2 	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONCLETE	MAMI	JES: EN	LLC.		
(Name of the Limited	Liability Company Florida Limited Lia	as it now appears on obility Company)	our records.)		
The Articles of Organization for this Limited Lial Florida document number	bility Company w 4300.4	ere filed on	-34441	36 and ass	igned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabili	ty company here:			
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the designation	ation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applical	ble:				<del></del>
(Principal office address MUST BE A STREET	ADDRESS)				<del></del>
		<del> </del>		·	<del></del>
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered offi		ce address on our	records, ent	SECRETALL SECRETARIES	of the new
registered agent and/or the new registered offi	ce address nere.			\$2 <b>2</b> 0	П
Name of New Registered Agent:				TO E	0
New Registered Office Address:		Enter Florida st	reet address	ORIDA ORIDA	<del> </del>
			, Florida		
		City		Zin Coda	

## 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 = N $AMBR = A$	Aanager Authorized Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
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не 9	Oth day after the	record is file	au.			ALL	SECTION OF	
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			to TW.	Tar				
	-	Signature	<del>Comember or av</del>	inorized represent	ative of a member	<del></del>	<del>                                      </del>	

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