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JAN 1 O 2017 J. HARRIS

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: Ma		Te LLC ted Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.		
Please return all correspond	lence concerning this matter t	o the following:		
	MARIO	Ponce Name of Person	. •	
	•	Name of Person		
	M and D	Concrete Firm/Company	uc	
		Firm/Company		
	9037 Eagle	INST Dr		
		Address		
	Navarre	Florida 3 City/State and Zip Co	32566 de	
	Mariopone 19 E-mail address: (1	_		ation)
For further information con	cerning this matter, please ca	11:		
Mario Por	nce.	at (850)		
Name of F	erson	Area Code	Daytime	Геlephone Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		☐ \$60.00 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

M=D Concr	ete LLC	
(Name of the Limited I (A l	lability Company as it now appears on our reflorida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabi		6-2016 and assigned
Florida document number 4140002334	442	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
		17
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<i>x</i> ₂	m'*: C <u>on r</u>
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		cn 🏋
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
٠		_, 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, 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 **Title** Type of Action **Name Address** Mario Ponce 9037 Eaglenest Do MGR ■ Add Wavarre Florida 32566 ☐ Remove □ Change Luz Garcia Sierra 2927 West Ivery ST MGR Pensacola Florido 32505 ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change _□ Remove □ Change _□ Add ☐ Remove ☐ Change

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	,
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·	
ffective date, if other than the date of filing:	Pursuant to 605.020' vill not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o The 90th day after the record is filed.	n the earlier o
	17
ated 01-05-2017 ,	<u> </u>
	- P-
Mario Dmo. Signature of a member or authorized representative of a member	
	-9 PHI2:

Page 3 of 3

Filing Fee: \$25.00