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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

NAR 22 2017

COVER LETTER

	tegistration Se Division of Cor					
SUBJECT		ity Concrete LLC				
oobte.		Name of Lim	ited Liability Company		•	
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please rett	ım all correspo	ndence concerning this matter	to the following:			
		Moses Medina				
			Name of Person	, , , , , , , , , , , , , , , , , , , 		
		M & J Quality Concrete LI	LC			
			Firm/Company	· · · · · · · · · · · · · · · · · · ·		
		104 Heritage Lane				
			Address		_	
		Port St Joe, FL 32456			***	
		mmedina@crestenterprises.			SECRETARY	
		E-mail address: (i	to be used for future annual report notific	ation)	MAR Z	
For further	r information c	oncerning this matter, please ca	all:	- 1	`'c"\	
Moses Me	edina		850 527-0441	: " : c	F S 7	Ö
	Name of	f Person	Area Code Daytime	Telephone Numb		
Enclosed i	s a check for th	e following amount:				•
\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status of d Copy nal copy is enclose	

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 & J Quality Conrete LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L17000022324 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter **M**ame of the new registered agent and/or the new registered office address here: Name of New Registered Agent: U New Registered Office Address: Enter Florida strect address 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kiara Vizcarrondo-Rivera	104 Heritage Lane, Port St. Joe, FL	Add
			□ Remove
			☐ Change
			☐ Add
			☐ Remove
			□ Change
			Add
			Remove
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			□ Change
			Add
			☐ Remove
			□ Change

The 90th day after the record is filed.	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 pplicable statutory filing requirements, this date will not be listed as ords. Innot an effective time, at 12:01 a.m. on the earlier of	-		
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	authorized representative of a member	Dated	03-20, 2017.	
Signature of a member of authorized representative of a member	aumonzeu representative of a member			recentative of a member
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Page 3 of 3

Filing Fee: \$25.00