117000053624

(Re	equestor's Name)	
(Ac	ldress)	
(,	,
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
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MAY 2 2 2017

COVER LETTER

TO:	Registration Se Division of Cor			
CUD IF		CONCRETE SERVICES LLC		
SUBJEC	JT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		YVES MAIA		
			Name of Person	
,		TAX LINKS CONSULTA	NTS LLC	
			Firm/Company	
		5111 S ORANGE AVE		
		,	Address	
		EDGEWOOD, FL 32809		
			City/State and Zip Code	
		TAXLINKS@CONSULTA		<u> </u>
		E-mail address: (to be used for future annual report noti-	fication)
For furth	er information co	oncerning this matter, please ca	all:	
YVES M	MAIA		407 270-4846 Area Code Daytim	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for th	ne 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, 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

AGUILAR CONCRETE SERVICES LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on ou a Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability C Florida document number $\frac{\text{L}17000053624}{\text{L}17000053624}$	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	- 	
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the n
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Enter Florida stre	vet address
		, Florida Zip Code
	Ciţv	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my di igent as provided for in Chapte ed office address, I hereby con	ities, and I am familiar with and er 605, F.S. Or, if this desument is firm that the limited liability.

Page 1 of 3

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
P	Aguilar Fuentes, Roelmer A.	1661 WINDY AVE	
		APOPKA, FL 32712	■ Remove
			Change
AMBR	Aguilar Fuentes, Roelmer A.	1661 WINDY AVE	□ Add
		APOPKA, FL 32712	Remove
			Change
			Add
			□ Remove
			Change
		-	□ Add
			□ Remove
			Change
			Add
			Remove ALLAHASSEE FL
			FLORDE Bemove

WE ARE CHANGING TI	TE TITLE OF R	OELMER A. A	GUILAR FU	ENTES FROM	A PRESIDEN	TTO	
AUTHORIZED MEMBE	₹.						
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fective date, if other than t n effective date is listed, the date r	nust be specific and	d cannot be prior	to date of filing	or more than 90	(optional days after filing	g.) Pursuant	to 605.03
te: If the date inserted in this cument's effective date on the			ible statutory	filing requiren	nents, this dat	e will not b	e listed
cument's effective date on the	Department of C	tute s records.					
record specifies a delay	ed effective (date but not	t an effectiv	ve time at	12:01 a m	on the	earlier
The 90th day after the r			an check	ic tillic, at	12102 4		
MANAG		2017					
ted MAY 16		, 2017	 ·				
	$\langle \mathcal{J} \rangle$					Zσ	_
	Signatura of a	member or autho	rized represent	tive of a manuf	er	F	7
	- Signature of a	member of autho	nzeu represent	mve or a meind	CI	至的	MAY .
ROFLMER ARIEL	CHILAD ELIEN	urre				7.T>	 -

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee