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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
SECRETARY OF STATE

S. WARREN 'JUN 1 6 2017

COVER LETTER

ro:	Registration Se Division of Cor	ction porations	••				
~~~~	conkreta bu	ilders LLC					
Name of Limited Liability Company							
The en	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Isack Merenfeld					
			Name of Person				
		Conkreta Builders LLC					
			Firm/Company				
		950 S Federal Hwy					
	Address						
		Hollywood FL 33020					
		isackm@me.com	City/State and Zip Code				
		E-mail address: (	to be used for future annual report notifi	cation)			
For fu	rther information c	oncerning this matter, please ca	all:				
isack merenfeld         561         9014551           at ()							
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclos	sed is a check for the	ne following amount:					
<b>=</b> \$2	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

# TO ARTICLES OF ORGANIZATION OF

CONKRETA BUILDERS LLC						
(Name of the Limited Liability (A Florida	y Company as it now appe Limited Liability Company	ars on our records.)				
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on _ 	04/11/2017	and assigned			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit	ted liability company	<u>here</u> :				
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the	designation "LLC" or t	he abbreviation "L.L.C."			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDR.						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-					
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		on our records, <u>en</u>	ter the name of the n			
Name of New Registered Agent:						
New Registered Office Address:						
New Registered Office Address.	Enter F	lorida street address				
	, Florida					
	City		Zip Code			
New Registered Agent's Signature, if changing Registered	d Agent:					
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and co- accept the obligations of my position as registered ag- being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of gent as provided for in ad office address, I her	of my duties, and I on Chapter 605, F.S. reby confirm that the	am familiar with and Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GILBERT DAVID MORALES	4302 ALTON RD SUITE 620	🖬 Add
		MIAMI BEACH FL 33140	□ Remove
			Change
	<del></del>		□ Add
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(If an effect <b>Note:</b> If	e date, if other than the tive date is listed, the date must the date inserted in this blat's effective date on the D	st be specific and lock does not r	d cannot be prior t meet the applica	o date of filing or m ble statutory filin	ore than 90 da	ys after filing.) Pu	rsuant to 60: I not be list	5.0207 (3)(b ed as the
If the reco (b) The 9	ord specifies a delayed Outh day after the rec	d effective of cord is filed.	date, but not	an effective t	time, at 12	2:01 a.m. on	the earli	er of:
ال المناط	UNE 8TH		2017					
Dated			,			TALL	17.	
		Signature of a	member or author	rized representative	of a member	<u> </u>	=	i i
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	ISACK MERENFELD		Typed or printer	d name of signee		- F		
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Filing Fee: \$25.00