47000081006

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TILL PARTS SEE TO GALD

D. SCOTT

COVER LETTER

	vision of Corp				
		A BUILDERS LLC			
SUBJECT	Name of Limited Liability Company				
The enclose	ed Anicles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retui	rn all correspor	ndence concerning this matter t	to the following:		
		ISACK MERENFELD			
		COMPRESE BUILDEDS	Name of Person		
		CONKRETA BUILDERS	Firm/Company		
		950 S FEDERAL HWY	r im/Company		
			Address		
		HOLLYWOOD, FL 33020	•		
		ISACKM@ME.COM	City/State and Zip Code		
		E-mail address: (to be used for future annual report notification)		
For further	information co	oncerning this matter, please ca	all:		
ISACK M	ERENFELD		561 9014551 at ()		
	Name of	Person	Area Code Daytime Telephone Number		
Enclosed is	s a check for th	e following amount:			
\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301		

TO ARTICLES OF ORGANIZATION OF

CONKRETA BUILDERS LLC

(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ty Company)		
The Articles of Organization for this Limited Liability Company were 1.17000081006 Florida document number	e filed on and assigned		
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 C	ompany," 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)			
(Withing unitess WAT ME A 1951 OF FICE BOA)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the nev		
	Enter Florida street address		
<u></u>			
no no transfer de la Companya de la	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provident filed to merely reflect a change in the registered office add	formance of my duties, and I am fàmiliar with and ided for in Chapter 605. F.S. Or, if this document is		
company has been notified in writing of this change.			
If Changin	Registered Agent, Signature of New Registered Agent		

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MORALES, GILBERT DAVID		
		4302 ALTON ROAD SUITE 620 N	■ Remove
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E. Effec	tive date, if other than the diffective date is listed, the date must b	ate of filing:	r to date at tiling or more than	(optional) 90 days after filing) Pursuant to 605	5.0207 (3)(l
Note	: If the date inserted in this bloc	k does not meet the applic	cable statutory filing requir-	ements, this date will not be list	ed as the
docui	ment's effective date on the Dep	artment of State's records			
-4		ore on the second and the second	at an afficient in a time a	t 12:01 a.m. on the earli	or of:
if the re (b) Th	ecord specifies a delayed ϵ e 90th day after the recor	rd is filed.	ocan enective time, a	t 12.01 a.m. on the eam	er or.
	OCTOBER 01	2017			
Dated	d	·			
				 1	
	S	ignature of a member or auth	orized representative of a me	nber - =	
				3	

Filing Fee: \$25.00

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Typed or printed name of signee