## L17000104609





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## **COVER LETTER**

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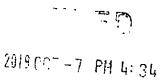
TO:	Registration Se Division of Cor		·		
		ONREAL CONCRETE LLC			
SUBJI	.ci:	Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub	<u>-</u>		
Please	return all correspo	ondence concerning this matter	to the following:		
		HUGO MONREAL CONC	Name of Person RETE LLC		
		Firm/Company 315 SW ALCAN DR			
		Address PORT ST LUCIE, FL 34953			•
For fur	ther information c	E-mail address: (	to be used for future annual report notifall:	ication)	
HUGO	MONREAL		772 267-2396		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
□ \$25	i.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

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



HUGO MONREAL CONCRETE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con	mpany were	filed on	<u>.</u>	_ and assigned
Florida document number L17000104609	_,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability	company here:		
HUGO MONREAL MASONRY LLC				
The new name must be distinguishable and contain the words "Limited	ed Liability Co	mpany." the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:				<del></del>
(Principal office address MUST BE A STREET ADDRE.	<u></u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:	ess here:	address on our red		
New Registered Office Address:	<u> </u>	Enter Florida street a	ddress	
			FA	
	(	<i>lity</i>	_, r iorida	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete perfe nt as provi	ormance of my dutie ded for in Chapter (	s, and I am fam 605, F.S. Or, if i	iliar with and his document is
ī	If Changing 1	Registered Agent, <u>Signa</u>	ture of New Regist	ered 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
AR	NORKA PARDO		□ Add
		216.001.11.01.21.22	U Xau
		315 SW ALCAN DR PORT ST LUCIE, FL 34953	■ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
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	<b>N</b>		Add
			□ Remove
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			☐ Change
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		<del></del>	□ Remove
			Change

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Effec	ve date, if other than the date of filing: (ontional)
Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	OCTOBER 01 2019

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Filing Fee: \$25.00