L17000134014

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
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Special Instructions to	Filing Officer:	

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FILED HOLD

n PRUCE JUL 27 2017

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	ncrete Jung	led Liability Company (1	Maintenance	LL(
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	Baquelis	Picardo Cueu Name of Person	CS jr	
	Concrete jur	ngle Proverty V	Maintenance Ll	_ (
	15306 MG	Address Drive		
	Orlando	FL 32828 City/State and Zip Code))	
	Concrete in	CAC PW Q CMCII	ication)	
For further information co	oncerning this matter, please ca	ıll:	JUL 24 KHASSEI	
Paquelis Name of	R CUEVA)	at (<u>407</u>) <u>340 3</u> Area Code Daytime	Telephone Number 775	ĘD
Enclosed is 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILI	NG ADDRESS:	STREET/COURT	FR ANDRESS:	

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

ha Amidan of Ossanimaian Cauchia Cimiral Lighting	COMPANY Were then on Francis (1997) It's Fig. 1 and accumen
he Articles of Organization for this Limited Liability	
orida document number <u>L17000 1340</u>	<u>\\</u>
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the lir	mited liability company here:
e new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
<u>Principal office address MUST BE A STREET ADD</u>	ORESS)
nter new mailing address, if applicable:	
Fallice CIT CONTROL OF A BOOM OFFICE POST	
<u> Mailing address MAY BE A POST OFFICE BOX)</u>	
. If amending the registered agent and/or reg	istered office address on our records, enter the name of th
If amending the registered agent and/or reg gistered agent and/or the new registered office ad Name of New Registered Agent:	
. If amending the registered agent and/or reg	Enter Florida street address
If amending the registered agent and/or reg gistered agent and/or the new registered office ad Name of New Registered Agent:	Enter Florida street address Florida
. If amending the registered agent and/or reg gistered agent and/or the new registered office ad Name of New Registered Agent:	Enter Florida street address City City

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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f an effect Note: If	e date, if other that ive date is listed, the da the date inserted in	ate must be specif this block does	fic and cannot be not meet the ap	plicable statuto	ling or more than 9	(optiona) days after filin ments, this da	ig.) Pursuant to 605.0
Jocumen	t's effective date on	те Бераптеп	ii oi State s rec	oras.			
	rd specifies a de Oth day after th			t not an effe	ctive time, at	12:01 a.m	. on the earlier
Dated	July 12		201	7			
	-		1				

Page 3 of 3

Filing Fee: \$25.00