

217000164787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

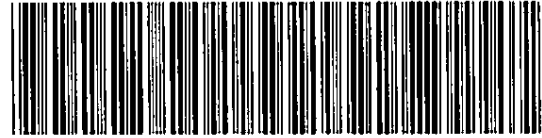
(Business Entity Name)

(Document Number)

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D. BRUCE
AUG 18 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2017

MELVIN C. CABRERA MENEDEZ
5602 SILVER STAR RD APT #536
ORLANDO, FL 32808

SUBJECT: MYC CONCRETE LLC
Ref. Number: L17000164787

We have received your document for MYC CONCRETE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist III

Letter Number: 817A00016769

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYC CONCRETE LLC

Name of Limited Liability Company

ATT: Debra
Bruce.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONICA OROZCO

Name of Person

MONITAX LLC

Firm/Company

1404 E SILVER STAR RD

Address

OCOE FLORIDA 34761

City/State and Zip Code

moniliz84@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA OROZCO & MELVIN A CABRERA MENENDEZ

407

715-9496

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

2017 AUG 18 PM 5:17
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TALLAHASSEE, FLORIDA
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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MYC 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 Company were filed on 08/02/2017 and assigned
Florida document number L17000164787.

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 Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5602 SILVER STAR RD

APT # 536

ORLANDO FLORIDA 32808

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

562 SILVER STAR RD

APT#536

ORLANDO FLORIDA 32808

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Melvin A Cabrera Menendez	5602 SILVER STAR RD	<input checked="" type="checkbox"/> Add
		APT# 536	<input type="checkbox"/> Remove
		ORLANDO FLORIDA 32808	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 16, 2017.

Signature of a member or authorized representative of a member

Typed or printed name of signee