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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Camital Concrete, UC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Homberto Castillo Name of Person
Carnitas Concrete, LLC
131 E. Hew York Are Soite 217
Deland, FL 32724  City/State and Zip Code
Petol Carnifes! (b) Amail: Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hamberto Castillo at (38le) 473-6707  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carnitas Concre	ete, LLC FILE	)
(Name of the Limited Liability Compa (A Florida Limited) The Articles of Organization for this Limited Liability Compa Florida document number 4700021271.	any were filed on OCTOBER 13 A and assign	D 15
This amendment is submitted to amend the following:		,
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C	<del></del>
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	131. E. New York Aug. Svite 217 Deland, FL 32724	<u>-</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	NIA	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address had been address had been and been address.  Name of New Registered Agent:  New Registered Office Address:		the nev
	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>	Address	Type of Action
NLA	NIA	NIA	Add
			Remove
		□ Change	
		<u> </u>	🗖 Add
			□ Remove
			Change
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		Add	
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			Change
		·	□ Remove
			Change

	Town only Changing My loveibacs
	am only Changing My business
	10 ation the new location address is 131 E. New York Aug. Suite 217
	Deland, FL 32724.
	Thank-You-
	•
<del></del>	
(If an effective Note: If the	ate, if other than the date of filing: 7/3/3/3019 (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) at date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
the record  The 90t	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: h day after the record is filed.
Dated	7/23/2019 Lilve att
-	Signature of a member or authorized representative of a member  Homberto Coshilo  Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00