L17000 212 711

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



5003343095

09/19/19--01006--008



CT 0 2 2019

COVER LETTER

Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:	Divi	ision of Co	rporations				
Name of Limited Lisbility Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: HUMBERTO CASTILLO Name of Person CARNITAS CONCRETE, LLC Firm/Company 131 E. NEW YORK AVE SUITE 217 Address DELAND, FL 32724 City/State and Zip Code beto1camitas1@gmail.com E-mail address: (to be used for future annual report notification) For further information concurring this matter, please call: Brenda Aviles Name of Person Name of Person Name of Person Area Code Daytime Telephone Number S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:	CUDIFCT	CARNITA	S CONCRETE, LLC				
Please return all correspondence concerning this matter to the following: HUMBERTO CASTILLO	SUBJECT:	<u></u>	Name of Lin	Name of Limited Liability Company			
Please return all correspondence concerning this matter to the following: HUMBERTO CASTILLO	The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing			
HUMBERTO CASTILLO Name of Person				-			
Name of Person CARNITAS CONCRETE, LLC Firm/Company 131 E. NEW YORK AVE SUITE 217 Address DELAND, FL 32724 City/State and Zip Code beto1carnitas1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brenda Aviles 386 747-5037 Area Code Daytime Telephone Number Finclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:	Please return	an correspo	ondence concerning this matter	to the following:			
Firm/Company 131 E. NEW YORK AVE SUITE 217 Address DELAND, FL 32724 City/State and Zip Code beto 1 carnitas 1 @ gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brenda Aviles Area Code Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:			HUMBERTO CASTILLO				
Firm/Company 131 E. NEW YORK AVE SUITE 217 Address DELAND, FL 32724 City/State and Zip Code beto1carnitas1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brenda Aviles 386 747-5037 Area Code Daytime Telephone Number Enclosed is a check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:							
Address DELAND, FL 32724 City/State and Zip Code beto1carnitas1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brenda Aviles 386 747-5037 at (CARNITAS CONCRETE, I	LLC			
Address DELAND, FL 32724 City/State and Zip Code beto1carnitas1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brenda Aviles 386 747-5037 at (` •			
DELAND, FL 32724 City/State and Zip Code beto1carnitas1@grnail.com F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brenda Aviles 386 747-5037 Area Code Daytime Telephone Number Finclosed is a check for the following amount: \$\frac{1}{2}\$\$ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:			131 E. NEW YORK AVE S	UITE 217			
City/State and Zip Code beto1carnitas1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brenda Aviles				Address			
beto1carnitas1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brenda Aviles 386 747-5037 at (DELAND, FL 32724				
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brenda Aviles 386 747-5037 at (City/State and Zip Code			
Brenda Aviles 386 747-5037 at (beto1camitas1@gmail.com				
Name of Person Name of Person Name of Person Name of Person Area Code Daytime Telephone Number Daytime Telephone Number Solution Telephone Number So	_			·	ification)		
Name of Person Area Code Daytime Telephone Number Area Code Daytime Telephone Number S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:	For further in	formation c	concerning this matter, please c	all:			
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:	Brenda Avile	es					
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certificate of Status (additional copy is enclosed)} \Bigcup \text{Certified Copy (additional copy is enclosed)} \Bigcup \text{STREET/COURIER ADDRESS:}		Name o	of Person		ne Telephone Number		
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certificate of Status (additional copy is enclosed)} \Bigcup \text{Certified Copy (additional copy is enclosed)} \Bigcup \text{STREET/COURIER ADDRESS:}	Enclosed is a	check for t	he following amount:				
(additional copy is enclosed) Certified Copy (additional copy is enclos MAILING ADDRESS: STREET/COURIER ADDRESS:			□ \$30.00 Filing Fee &				
5 THILL TO CONTINUE ADDRESS.				• •	Certified Copy		
		MAIL	ING ADDRESS:	STREET/COUR	IER ADDRESS:		
Division of Corporations Division of Corporations				Registration Section	on		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

CARNITAS CONCRETE, LLC

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

		10/13/2017	
The Articles of Organization for this Limited 1	Liability Company	were filed on	
Florida document number L17000212717	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liah	pility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	dity Company," the designation "LLC" or	the abbreviat
Enter new principal offices address, if appli-	131 E. NEW YORK AVE SUITE 217		
(Principal office address MUST BE A STREE		DELAND, FL 32724	
			
Enter new mailing address, if applicable:		131 E. NEW YORK AVE SUITE	217
(Mailing address MAY BE A POST OFFICE	BOX)	DELAND, FL 32724	
			-4
B. If amending the registered agent and registered agent and/or the new registered of	or registered of office address her HUMBERTO	<u>e</u> :	nter the na
Name of New Registered Agent:	110111021710	ONSTILLO	
New Registered Office Address:	2250 FAN CC	·	
		Enter Florida street address	.च
	DELTONA	, Florid	a <u>32738</u>
		City	Zip C
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 ce provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this d being filed to merely reflect a change in the registered office address. I hereby confirm that the limited lia company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered /

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Ţ
MGR	HUMBERTO CASTILLO	2250 FAN COURT DELTONA, FL 32738	
			
AMBR	HUMBERTO CASTILLO	2250 FAN COURT DELTONA, FL 32738	
			t
			i
			
			0।
			
			c

	
	
<u> </u>	
	
ctive date, if other than the d	ate of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure
effective date is listed, the date must be effective date inserted in this bloom	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure is does not meet the applicable statutory filing requirements, this date will
ument's effective date on the Dep	artment of State's records.
ecord specifies a delayed o	effective date, but not an effective time, at 12:01 a.m. on t
ne 90th day after the recor	d is filed.
,	
September 12	2019
ed Gapternoon 12	
- Thuch	# Julio
51	gnature of a member or authorized representative of a member
Humberto Castillo	
	Typed or printed name of signer

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

Page 3 of 3

Filing Fee: \$25.00