

H/80000120164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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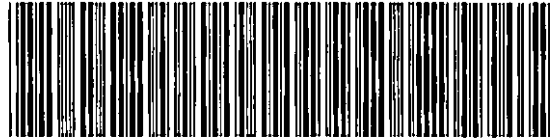
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 JUN 26 AM 11:16

FILED

2018 JUN 27-18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Central Florida Complete Concrete, LLC  
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:

DON M. OWENS, II  
Name of Person

Central Florida Complete Concrete, LLC  
Firm/Company

P O Box 1784  
Address

MINNEOLA FL 34755  
City/State and Zip Code

cf1concreteMAN@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DON M. OWENS, II at (352) 240-2988  
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

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

Central Florida Complete 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 May 17, 2018 and assigned Florida document number L18000120164.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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

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2018 JUN 26 AM 11:10  
SACRAMENTO  
FALLASSEE FLORIDA  
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/AMBR	DON M. OWENS, II	608 S. MAIN Ave, #23	<input checked="" type="checkbox"/> Add
		MINNEOLA, FL 34715	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	LISA M. SANCHEZ	16824 Ridgewood Ave	<input type="checkbox"/> Add
		MONTVERDE, FL 34756	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	JASON THOMAS	5815 Wolf Road	<input type="checkbox"/> Add
		Orlando, FL 32808	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
JUN 26 11:15  
TALLAHASSEE, FLORIDA

2018 JUN 26 AM 11:16  
ST. JAMES AIRPORT  
TALLAHASSEE, FLORIDA

FILED  
2018 JUN 26 AM 11:16  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

(If an effective 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)(b)

(b) The 90th day after the record is filed.

Dated June 21, 2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Lisa M. Sanchez

Typed or printed name of signee