## 11800148685

(F	Requestor's Name)	
(/	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(£	Business Entity Name)	
( <u>I</u>	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
		į

Office Use Only



500316055175

07/25/18--01006--003 (+25.00

2018 JUL 25 AM 8: 1

B FIGUEROA AUG 01 2018

## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	amirez Conc	rete UC	
		,,	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Ramper Bant Name of Person	ista
	Ramirez (	oncrete LLC Firm/Company	
	Da E. Pa	alm ST Address	
	Deland F	L 37724 City/State and Zip Code	
	Ramirez Concer E-mail address: (1	to be used for future annual report notif	(677)
For further information of	oncerning this matter, please ca	all:	
D. Ramire	of Person	at ( <u>386</u> ) <u>785-</u> Area Code Daytime	7195 e Telephone Number
Englosed is a check for t	he 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

 $\sim$ 

<u>Damirez</u>	trele	<u>uc                                     </u>	<del></del>	<u>.</u>	
(Name of the Limited	Liability Company as it V Florida Limited Liability	Company)	cords.)		
The Articles of Organization for this Limited Lial Florida document number <u>LISODIUS</u>	• •	iled on		and assig	ned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability co	ompany here:			
799			1.1.73**1		
The new name must be distinguishable and contain the wor	rds "Elimited Liability Com	ipany. The designation	LLC or the i	abbreviation "L.L.	C.
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)		·	; %	
Sailing address MAY BE A POST OFFICE BOX  = =					
				· •	·•
Enter new mailing address, if applicable:				: 12	of the new
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>				<u> </u>
	POS  Dowing:  The limited liability company here:  Ords "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Able:  TADDRESS)  BOX  TADDRESS  BOX  TADDRESS  BOX  TADDRESS  TADDRESS				
				F	
		ddress on our rec	ords, <u>ente</u> i	r the name of	the nev
	<del></del>				
Name of New Registered Agent:	Fidel	Sulazar			
New Registered Office Address:	129 E.	Palm ST			
New Registered Office Padaress.			ldress		
	Deland		. Florida	32724	
		· · · · · · · · · · · · · · · · · · ·	_	Zip Code	,
New Registered Agent's Signature, if changing Re	gistered Agent:				
provisions of all statutes relative to the proper	and complete perfor ered agent as provide gistered office addre	mance of my duties ed for in Chapter 6	s, and Lam 05, F.S. Oi	familiar with r, if this docum	and ent is
		En St. / / egistered Agent, Signat		Legistered Agent	<del></del>

Page 1 of 3

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
MGR	Fidel Sulgzar	129 E Palm ST	<b>K</b> Add
		Deland, FL 32724	□ Remove
			□ Change
AMBR	DIONI CIO Ramirez B	iutista 129 E. Palm ST	Add
		Deland, FL 32724	☐ Remove
			□ Change
			🗖 Add
			☐ Remove
			□ Change
<del></del>	<del></del> -		□ Add
			Remove
			Change
			☐ Remove
			☐ Change
		<del></del>	
			□ Remove
			Change

			-
			•
			•
	•		=
	-		-
· · · · · · · · · · · · · · · · · · ·			-
			-
	-		-
			-
			-
			-
		, <del></del> -	-
	<del></del> -	ris -	-
	·		_
	;il 	:= - <del>25</del> -	
		ഗ <u>&gt;&gt;</u>	: - 1 !
	U 32 2-	æ. 3.	ξ.
ctive date, if other than the date of filing:	ptional) 💆 🗀	=	5 0202
21 If the date inserted in this block does not meet the applicable statutory filing requirements, iment's effective date on the Department of State's records.	this date will n	ot be list	ted as
ment's effective date on the 19epartment of State's records.			
ecord specifies a delayed effective date, but not an effective time, at 12:0 ne 90th day after the record is filed.	1 a.m. on th	ne earli	er o
Dio ni Co Da mi Co Da member of a member o			
Signature of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00