L18006/76420

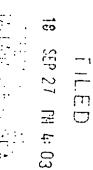
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO:	Registration Se Division of Cor						
		uilders Electric LLC					
SUBJECT: Name of Limited Liability Company							
The	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Pleas	se return all correspo	ndence concerning this matter	to the following:				
		Ionathan Brief					
	Name of Person						
		357 Golden Beach Drive	Pirm/Company				
		Golden Beach FL 33160	Address				
		ibk@conkretagroup.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
		E-mail address: (to be used for future annual report notif	ication)			
For	further information c	oncerning this matter, please ca	ill:				
lona	lonathan Brief						
	Name o	î Person	Area Code Daytime	: Telephone Number			
Encl	losed is a check for th	ne following amount:					
<u> </u>	\$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

TO ARTICLES OF ORGANIZATION OF

Conkreta Builders Electric LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company were florida document number $\frac{1.18000176420}{1.18000176420}$	re filed on and assigned
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 C	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)	: 59
_	
_	Z7 LE
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	03
_	
 If amending the registered agent and/or registered office registered agent and/or the new registered office address here: 	e address on our records, enter the name of the
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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Johnny X, Gonzalez	2455 Hayes Street, Hollywood FL 33020	
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			Remove
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	09/20/2018		
E. Effective date, if other than the	late of filing:	(opt	tional)
(If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable st	of filing or more than 90 days aft	er filing.) Pursuant to 605.0207 (3)(b
f the record specifies a delayed b) The 90th day after the reco		effective time, at 12:01	a.m. on the earlier of:
September 20	2018	,	
Dated	·	41	
		C/R	_ .
	Signature of a member or authorized r	epresentative of a member	
	-	•	
Ionathan Brief			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00