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COVER LETTER

		,	
SUBJECT:	J+R Concre	to LC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Jess	Se N. Pineda Name of Person	
	Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Jesse N. Pinedo Name of Person		
	515 74	th Ave NE	<u></u>
	Ruskin	FL 33570 36 City/State and Zip Code	51
	esse :	Dinedo @ com cost. no be used for litture annual report north	et cation)
For further information of	concerning this matter, please co	all:	
<u>Jesse N.</u>	Pineda of Person	at (130) 202-1 Area Code Daytime	5264 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	<u>=</u>	Certified Copy	Certificate of Status & Certified Copy

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

	ty Company Limited Liab	as it now appears offity Company)	on our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>1180019706</u>		ere filed on	\$ 20 20 8 ⁾	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liabilit	y company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limi	ited Liability	Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	·		
(<u>Principal office address MUST BE A STREET ADDR</u>	(ESS)			<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- 			97 13 PM 99 97
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi		e address on o	our records, <u>entc</u>	er the name of the new
Name of New Registered Agent:	Mani	<u>L</u> Mica	ela Pine	ta
New Registered Office Address:	<u>515</u> -	7th Ave Enter Florid	la street address	
	Risk	City	, Florida _	33570 365 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.

Mayla M Pineda

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 Title Name <u>Address</u> Type of Action Rafgel Pineda Peratta 517 7th Se NE Puskin FL 33570 3651_ ☐ Change Maria Pineda 5157th Ave NE Riskin FL 33570 3661 __ Change ____ Remove _□ Change _□ Add □ Remove ☐ Change _ 🗆 Add ☐ Remove

	ling any other information, enter change(s) here: (Attach additional sheets, if necess	
		- co
		,
		15. U.S. 15.
lf an effectiv <u>Note:</u> If th	date, if other than the date of filing:	ing.) Pursuant to 605.01
	d specifies a delayed effective date, but not an effective time, at 12:01 a.r Oth day after the record is filed.	n. on the earlier
Dated	October 8th 2018	
	Signification of a member of authorized representative of a member	
	Signature of a member authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00