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2019 U.S. 25 PN 6: 37

JUL 3 1 2019

IALBRITTON

COVER LETTER

Div	ision of Cor _l	porations		
SUBJECT:		nt to Authorized Personnel De	etails Section	
SOURILE I.		Name of Limit	ted Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspo	ndence concerning this matter to	o the following:	
		Olga M. Gonzalez		
		Aggregate Engineering Serv	Name of Person	
			Firm/Company	
		6795 Brookline Drive		
		Hialeah, Florida 33015	Address	
		vmceng@earthlink.net	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please cal	II:	
Olga M. Go			786 229-5447 at ()	
	Name of	l'Person	Area Code Daytime	: Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 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

Aggregate Engineering Services LLC

company has been notified in writing of this change.

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number	pany were filed on January 14, 2019	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 I	Jability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES:	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:	···- <u>-</u>	<u>'a' · </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		6.
		ω_1
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ter the name of the new
registered agent and/or the new registered office address	nere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag	•	2247
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp.		
accept the obligations of my position as registered agent	as provided for in Chapter 605, F.S. 6	Or, if this document is
being filed to merely reflect a change in the registered of	fice address, I hereby confirm that the	limited liability

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>	Type of Action
AMBR	Silvestre A Gonzalez		_□ Add
		6795 Brookline Drive, Hialeah, Florida 33015	□ Remove
MGR	Olga M Gonzalez	6795 Brookline Drive, Hialeah, Florida 33015	■ Add
			□ D
			Remove
			☐ Change
·····			
			☐ Remove
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			□ Change

					
					
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ective date, if other				(optional)	
reffective date is listed, the content of the content of the date inserted the content of the co	ne date must be specifi I in this block does a	ic and cannot be prior not meet the applic	to date of filing or more able statutory filing r	than 90 days after filing.) equirements, this date w	Pursuant to 605.02 vill not be listed
sument's effective date	on the Department	of State's records.	_		
record specifies a he 90th day after	the record is fil	ve date, but no led.	t an effective tin	ne, at 12:01 a.m. o	n the earlier
July 22 ed		2019 ·			
,	/11 5	,G	1.	a member	
. /	11/18 /20	F-1-17V1 A	X Q1		

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Typed or printed name of signee

Filing Fee: \$25.00