L19000019288

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	· ••
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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O SIMMONS MAR 1 2 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195			
REFERENCE : 699506 7950399			
AUTHORIZATION: Spelle rade			
COST LIMIT : \$ 25.00			
ORDER DATE: March 10, 2021			
ORDER DATE: March 10, 2021			
ORDER TIME : 10:57 AM			
ORDER NO. : 699506-005			
CUSTOMER NO: 7950399			
DOMESTIC AMENDMENT FILING			
NAME: CONCONCRETO LLC			
EFFECTIVE DATE:			
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING			

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker -- EXT#

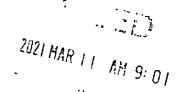
COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		CRETO LLC		
	C1:	Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	-	
Please r	eturn an correspo	ndence concerning this matter	to the following:	
		Vivian Pou		
	•		Name of Person	
		Jorge M Vigil, P.A.		
Firm/Company				
		265 Sevilla Avenue		
			Address	
		Coral Gables		
			City/State and Zip Code	
		vivian@jvigillaw.com E-mail address: (to be used for future annual report notif	ication)
For furth	her information co	oncerning this matter, please of		realiony
Vivia P		, F	786 4974450	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	e 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 S		Street Address: Registration Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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



CONCONCRETO LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limite	ed Liability Company)	•
The Articles of Organization for this Limited Liability Compa Florida document number <u>L19000019288</u>	ny were filed on <u>01/17/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lin	ability Company," the designation "LLC" or	r 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 agent and/or the new registered office address here:	re address on our records, enter the	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		_
	, Florie	da Zip Code
New Registered Agent's Signature, if changing Registered Ager	· nt:	,

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

2021 HAR 11 AM 9: 01

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Richard Sconyers	CARRERA 43A NO. 18 SUR-135	□Add
		PISO 4 SAO PAULO PLAZA	■Remove
		Medellin 050022 CO	□Change
MGR	Juan Luis Aristizabal	1735 PONCE DE LEON BLVD.	≅Add
		CORAL GABLES, FL 33134	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			(
			□Remove
			□Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if a LUZII)	necessary.) IAR AH 9: 01
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	fter filing.) Pursuant to 605.0207 (3)(b)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of record is filed.	(b) The 90th day after the
Dated 3/10/2021	
Signature of a member or authorized representative of a member	
J6768 Vitail	

Filing Fee: \$25.00

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
	CRETO LLC		
SUBJECT:	Name of Lin	nited Liability Company	·
		, , ,	
The englaced Articles of	f Amondment and for(s) are suit	and the different section of the sec	
	Amendment and fee(s) are sub	·	
Please return all corresp	ondence concerning this matter	to the following:	
	Vivian Pou		
		Name of Person	
		Name of Person	
	Jorge M Vigil, P.A.		
Firm/Company			
	265 Sevilla Avenue		
		Address	
	Coral Gables		
		City/State and Zip Code	
	vivian@jvigillaw.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Vivia Pou		786 4974450	
Name of Person Area Code Daytime Telephone Number		ne Telephone Number	
Enclosed in a shock for t	hu fallandas amanut		
Enclosed is a check for the	-		_
■ \$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 Addres		Street Address:	
Registration Section		Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303