L19000019288

| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Amend

JUN 02 7021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 838543 7950399

AUTHORIZATION :

COST LIMIT : \$/25..00

ORDER DATE : June 1, 2021

ORDER TIME : 12:28 PM

ORDER NO. : 838543-005

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

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER'S INITIALS:

COVER LETTER

TO:

Registration Section

| Division of Cou | rporations | | | |
|---------------------------------|--|---|--|--|
| CONCON | CRETO LLC | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| | | | | |
| The evaluated Assistance | A d foo(s) s-s s | suring for films | | |
| | Amendment and fee(s) are sub | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | JORGE M. VIGIL | | | |
| | | Name of Person | | |
| | JORGE M. VIGIL, PA | | | |
| | | Firm/Company | | |
| | 265 SEVILLA AVENUE | | | |
| Address | | | | |
| | CORAL GABLES, FL 33 | 134 | | |
| | | City/State and Zip Code | | |
| | vivian@jvigillaw.com | | | |
| | E-mail address: (| to be used for future annual report notice | fication) | |
| For further information of | concerning this matter, please o | all: | | |
| Jorge M. Vigil | | 786 497-4450 | | |
| Name o | f Person | Area Code Daytima | e Telephone Number | |
| | | | | |
| Enclosed is a check for the | 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: | | Street Address: | ·•: | |
| Registration S Division of C | | Registration Sec Division of Cor | | |
| P.O. Box 632 | • | The Centre of T | | |
| Tallahassee, l | | | e Street, Suite 810 | |
| | | Tallahassee, FL | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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| CONCONCRETO | L | L | С |
|-------------|---|---|---|
|-------------|---|---|---|

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

| The Articles of Organization for this Limited Liabilit Florida document number L19000019288 | y Company were filed | on <u>January</u> 17, 2019 | and assigned |
|---|---------------------------|---------------------------------|--------------------------|
| This amendment is submitted to amend the following | • !* | | |
| A. If amending name, enter the new name of the l | imited liability compa | nny here: | |
| The new name must be distinguishable and contain the words " | Limited Liability Company | " the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | · |
| (Principal office address MUST BE A STREET AD | DRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registe agent and/or the new registered office address her | | our records, <u>enter the 1</u> | name of the new regist |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | er Florida street address | |
| | | | |
| | • | . Florida | |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------|--|----------------|
| MGR | Sergio Pino | 1805 Ponce de Leon Blvd., Suite 100 | 🗆 Add |
| | | Coral Gables, FL 33134 | ■ Remove |
| | | | Change |
| MGR | Daniel Cremades | Carrera 43A No 18 SUR 135 | □ Add |
| | | Piso 4 Sao Paulo Plaza, Medellin 050022 CO | 🗆 Remove |
| | | | ■ Change |
| MGR | Juan Luis Aristizabal | 1735 Ponce de Leon Blvd. | □Add |
| | | Coral Gables, FL 33134 | Remove |
| | | | □Change |
| MGR | Nicolas Jaramilło | 1735 Ponce de Leon Blvd. | ∃ Add |
| , | | Coral Gables, FL 33134 | 🗋 Remove |
| | | | Change |
| | | | 🗀 Add |
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| Tective date, if other then the other then effective date is listed, the oter. If the date inserted incument's effective date of the other than the other th | date must be specific a n this block does not | nd cannot be prior t meet the applic | to date of filing or mo able statutory filing | (option re than 90 days after fi requirements, this o | ling.) Pursuant to 605.0207 |
| record specifies a delayed is filed. | effective date, but n | ot an effective ti | m e, at 12:01 a.m. oi | the earlier of: (b) | The 90th day after the |
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| June i | | | | | |
| ated | | | | | |

Filing Fee: \$25.00