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AUG 1 7 2020 S. YOUNG

COVER LETTER

TO: Registration Secti Division of Corpo			
subject: <i>AAA</i> _	Concrete Restoration Name of Limite	on & Contemporations, L	LC
The enclosed Articles of Ar	nendment and fee(s) are subm	titted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
		uis R. Guticasez	
		A A A A A A A A A A A A A A A A A A A	
	MAN Concrebe Re	Standion & lebton proofin	s.LLC.
		Firm/Company	//
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	Hioleah	, FC · 33011	
	(1/1 -	City/state and Zip Code	
	E-mail address: (to	FC-3301V City/State and Zip Code cnelenes for a firm. com be used for future annual report notifi	cation)
For further information con	cerning this matter, please cal		
Luis Z. C	Futiennez	at (<u>957</u>) <u>467-6</u> Area Code Daytime	5565
Name of P	crson	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:	,	
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MA Course to Postant	in d I Information UC.	on and a second
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	6.55
The Articles of Organization for this Limited Liability Compar Florida document number <u>£ 1900057446</u> .	ny were filed on <u>F&6. 25, 2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Frincipia office autoress MOST BE ASTREET 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:	e address on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori d s	Zip Code
	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 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
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Filing Fee: \$25.00