## L19000 106046

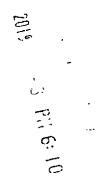
	- 1
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## **COVER LETTER**

	Registration S Division of Co			
SI ID IEC'	The Concr	ete Dogs, LLC		
SUBJEC	1;	Name of Limi	ited Liability Company	, <del>-11-1-1</del>
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all corresp	ondence concerning this matter	to the following:	
		Gustavo Torres		
			Name of Person	
		100 N.D	Firm/Company	<del></del>
		109 N Beaumont Ave.	Address	
		Kissimmee, FL 34741	, , , , , , , , , , , , , , , , , , , ,	
		documents@cpatorres.com	City/State and Zip Code	
			to be used for future annual report notif	leation)
		concerning this matter, please co		
Gustavo [	Forres		at () 913-5511 Area Code Daytime	
	Name (	of Person	Area Code Daytime	· Telephone Number
Enclosed	is a check for t	the following amount:		
\$25.0	0 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 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

## TO

ARTICLES OF ORGANIZATION OF

The Concrete Dogs, LLC				
(Name of the Lim	ited Liability Comp	a <mark>ny as it now appears</mark> Liability Company)	s on our records.)	<del></del>
			4-18-19	
The Articles of Organization for this Limited I		v were filed on	1 10 11	and assigned
Florida document number L19000 106046				
(				
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limi <u>ted lial</u>	oility company he	<u>re</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the de	esignation "LLC" or the abl	reviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
			_	E
			··	
Enter new mailing address, if applicable:		N/A		رئ 
(Mailing address MAY BE A POST OFFICE BOX)				75
printing address Plant DL 31 OST OFFICE.	<u>. 11071</u>			٠ ن
		<del></del> -		
		cc II	•	
B. If amending the registered agent and registered agent and/or the new registered of	•••		our records, enter	the name of the
registered agent antion the new registered	office addites her	<u> </u>		
Name of New Registered Agent:	Samuel Garcia	i.		
Name of New Registered Agent.		<del></del> -		
New Registered Office Address:	2720 Junior A			
		Enter Flori	ida street address	
	Apopka		, Florida <sup>327</sup>	12
	_	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 a 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.

or removed from our records:

MGR = Manager

	Ç.	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lorenzo Garcia	2720 Junior Ave. Apopka, FL 327	
			■ Remove
			□ Change
			Remove
		<del></del>	Change
			Add
	· · · · · · · · · · · · · · · · · · ·	☐ Remove	
			☐ Change
			Remove
		-	Change
			Remove
		-	☐ Change
			□ Remove
			☐ Change

N/A	
	<u> </u>
<del></del>	
Note: If t	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	August 28 , 2019.
	Signature of a member or authorized representative of a member
	Sanvel Garcicy Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00