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COVER LETTER

CENTURY CONCRETE CUTTING AND CORE DRILLING, LLC. SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CATALINA DE LOS RIOS Name of Person Firm/Company 11511 SW 90TH ST Address MIAMI, FL 33176 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CATALINA DE LOS RIOS 208-7381 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filipg Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

CENTURY CONCRETE CUTTING AND CORE DRILLING, LLC.

(Name of the Limited Liability Compa (A Fiorida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.19000260348	were filed on 10 16 2019 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:	6158 NW 74 Ave	
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33166	_
		_
Enter new mailing address, if applicable:	6158 NW 74 Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 33166	_
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		new
Name of New Registered Agent:		
New Registered Office Address:		_
New Registered Office Address.	Enter Florida street address 💮 🙃	_
	Florida	_
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agraphovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	

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
AMBR	EYNEL RAFAEL SEQUEIRA	1890 SE 20 AVE Homestead, FL 33035	Add
			□ Remove
			Change
			
			Remove
			Change
····			
			Remove
			Change
		□ Add	
		□ Remove	
			□ Change
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			Change

l'an effecti <u>Note:</u> If t	tate, if other than the date of filing:
e recor The 90	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the record is filed.
Dated	0/31/19
	Signature of a member or authorized representative of a member
	Catalina de los Rios

Page 3 of 3

Filing Fee: \$25.00