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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

| Division of Cor | CRETE SOLUTION LLC | | | | | | |
|---------------------------------------|--|---|---|-------|--|--|--|
| SUBJECT: | | ited Liability Company | | | | | |
| | | | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | | | |
| | DHANESHWAR DEONA | ARINE | | | | | |
| | | Name of Person | | | | | |
| | M&V CONCRETE SOLUTION LLC | | | | | | |
| | Firm/Company | | | | | | |
| | 12940 GROVEHURST A | AVE | | | | | |
| | Address | | | | | | |
| | WINTER GARDEN, FL | 34787 | | | | | |
| | | City/State and Zip Code | | | | | |
| | dand689@gmail.com E-mail.address: (| to be used for future annual re | port notification) | | | | |
| For further information c | oncerning this matter, please c | | • | | | | |
| DAN DEONARINE | | , | 689-8371 | | | | |
| Name of Person | | at () Area Code | Daytime Telephone Number | | | | |
| Enclosed is a check for th | ne following amount: | | | | | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end | tus & | | | |
| Mailing Address: Registration Section | | <u>Street Ade</u> Registrat | dress: ion Section | | | | |
| Division of Corporations | | Division of Corporations | | | | | |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&V CONCRETE SOLUTION LLC

| (<u>Name of the Limited</u> (A | Liability Compa Florida Limited | ny as it now appears on Liability Company) | our records.) | |
|---|------------------------------------|---|------------------------------|------------------|
| The Articles of Organization for this Limited Liab | oility Company | were filed on 11/08/2 | 2019 | and assigned |
| This amendment is submitted to amend the follow | ving: | | | |
| A. If amending name, enter the new name of the | he limited liab | oility company here: | | |
| The new name must be distinguishable and contain the word | ds "Limited Liabi | lity Company," the design | nation "LLC" or the abbrev | riation "L.L.C." |
| Enter new principal offices address, if applicab | 12940 GROVEHURST AVE | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | WINTER GARDEN | N FL 34787 | |
| Enter new mailing address, if applicable: | SAME AS ABOVE | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u>0X)</u> | | <u></u> | |
| B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent: | here: | address on our recoi | rds, <u>enter the name o</u> | the new registe |
| | 12040 CDOVI | | | |
| New Registered Office Address: | 12040 01001 | Enter Florida s | street address | |
| | WINTR GARD | DEN | , Florida ³⁴⁷⁸⁷ | - |
| | - | City | , riorida | Zip Code |
| New Registered Agent's Signature, if changing Re | gistered 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 | Address | Type of Action |
|-------------|----------------------|-----------------------------------|----------------|
| AMBR | DHANESHWAR DEONARINE | 12940 GROVEHURST AVE WINTER GARDE | N Fl ■ Add |
| | | | Remove |
| | | | Change |
| AMBR | kolomiiets, maksym | 3112 OWASSA CT KISSIMMEE FL 34746 | □ Add |
| | | kolomiiets, maksym | ■Remove |
| | | | □Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated MAY 28 2024 Signature of a member or authorized representative of a member KOLOMIIETS, MAKSYM