

L2000000 39237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

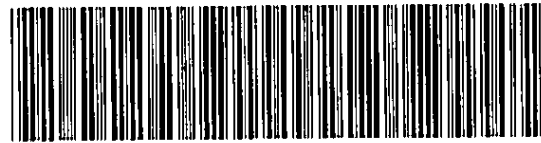
(Document Number)

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02/24/20--01025--000 **25.00

R. WHITE

APR 29 2020

2020 APR 29 PM 4:02



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 MAR 20 11 09:45

March 16, 2020

ALBERTO CAMPOS LOPEZ
4166 SW ENDICOTT ST
PORT ST LUCIE, FL 34953

SUBJECT: A/C CONCRETE SPECIALISTS LLC
Ref. Number: L20000039237

We have received your document for A/C CONCRETE SPECIALISTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please remove the address change information from the name change section of the amendment form. If it is your intent to change the address of the entity, please enter that information in the space provided on page 1(of 3).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 820A00005770

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

A/C CONCRETE SPECIALISTS LLC

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

2020 29 Feb 4:02

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 03, 2020 and assigned
Florida document number 120000039237.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	ALBERTO CAMPOS LOPEZ		<input type="checkbox"/> Add
		4166 SW Endicott St., Port St Lucie, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALBERTO CAMPOS LOPEZ		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		4166 SW Endicott St., Port St Lucie, FL 34953	<input checked="" type="checkbox"/> Change
AMBR	ANGELA RODRIGUEZ		<input type="checkbox"/> Add
		4166 SW Endicott St., Port St Lucie, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANGELA RODRIGUEZ		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		4166 SW Endicott St., Port St Lucie, FL 34953	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: FEBRUARY 17, 2020 (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 FEBRUARY 15 2020

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ALBERTO CAMPOS LOPEZ

Typed or printed name of signee

Filing Fee: \$25.00