L20000232292

| (Re | equestor's Name) | · · · · · · |
|---|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | : #) |
| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Q. SILAS | | |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | -, , , , , |
| | Q. SILAS | |
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Office Use Only



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COVER LETTER

| TO: | Registration Se Division of Cor | | | | | | | |
|----------|------------------------------------|-----------------------------------|--|--|--|--|--|--|
| CLIBIE | | ofessional Concrete, LLC | ` | | | | | |
| SUBJE | CI: | Name of Limited Liability Company | | | | | | |
| | | | | | | | | |
| | | Amendment and fee(s) are sub- | | | | | | |
| Please r | eturn all correspo | ndence concerning this matter t | to the following: | | | | | |
| | | Jose Angel Vazquez Jaime | | | | | | |
| | | | Name of Person | | | | | |
| | | Angel's Professional Concr | rete, LLC | | | | | |
| | | | Firm/Company | | | | | |
| | | 15705 NW 27th Ave | | | | | | |
| | | | Address | * | | | | |
| | | Opa Locka, FL 33054 | | | | | | |
| | | | City/State and Zip Code | | | | | |
| | | joseangelcuba88@gmail.cor | | | | | | |
| | | | o be used for future annual report notific | cation) | | | | |
| For furt | her information co | oncerning this matter, please ca | ll: | | | | | |
| Jose Ar | ngel Vazquez Jain | ne | 786 3467860 | | | | | |
| • | Name o | f Person | Area Code Daytime | Telephone Number | | | | |
| Enclose | d is a check for th | ne following amount: | | | | | | |
| ☐ \$25 | 5.00 Filing Fee | ■ \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & | ☐ \$60.00 Filing Fee, | | | | |
| _ 220 | | Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) | | | | |
| | | | | | | | | |
| | Mailing Addres Registration S | | Street Address: Registration Sect | tion | | | | |

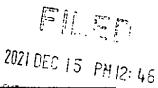
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Angel's Professional Concrete, LLC

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

| The Articles of Organization for this Limited Liability Cor | npany were filed on August 03, 2020 | and assigned |
|---|--|-------------------------|
| Florida document number L20000232292 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| Anget Jet Ski Service, LLC | | |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u>(SS)</u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered o agent and/or the new registered office address here: | office address on our records, <u>enter the n</u> | ame of the new registe |
| | | |
| 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 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 |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Effective date, if other than the self-an effective date is listed, the date in Note: If the date inserted in this document's effective date on the | ust be specific block does n | and cannot be not meet the a | ipplicable statu | filing or more that story filing requ | (option n 90 days after fi irements, this | iling.) Pursuant to 6 | 505.020° isted as |
| e record specifies a delayed effec rd is filed. | ive date, but | not an effect | tive time, at 12 | :01 a.m. on the | earlier of: (b) | The 90th day a | fter the |
| December 08 | | 2021 | · | | | | |
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| | | | n_ | resentative of a m | | | |