

120000312457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

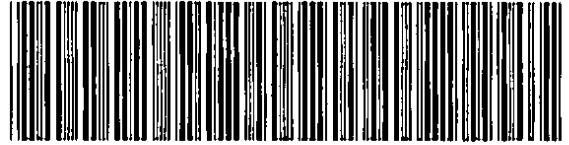
(Business Entity Name)

(Document Number)

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21 OCT 2 11:25

T. MATTHEWS

DEC - 1 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 NOV -2 AM 8:11

October 15, 2021

MARIO MARQUES  
3204 CAROL AVE  
PALM SPRING, FL 33461

SUBJECT: MARIO'S CONCRETE PUMPING SERVICES " LLC"  
Ref. Number: L20000312857

We have received your document for MARIO'S CONCRETE PUMPING SERVICES " LLC" and your check(s) totaling \$60.00. 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 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.

Tekayla T Matthews  
OPS

Letter Number: 221A00025127

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Mario's Concrete Pumping Services , LLc

\_\_\_\_\_  
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:

Mario Marques

\_\_\_\_\_  
Name of Person

Mario's Concrete Pumping Services , LLC

\_\_\_\_\_  
Firm/Company

3204 Carol Ave

\_\_\_\_\_  
Address

Palm Springs , FL 33461

\_\_\_\_\_  
City/State and Zip Code

bmfde@live.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Marques

561 572-5966  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

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

21 NOV -2 PM 1:26

Mario's Concrete Pumping Services, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/06/2020 and assigned  
Florida document number L20000312857.

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:

3204 Carol Ave

(Principal office address MUST BE A STREET ADDRESS)

Palm Springs

FL 33461

Enter new mailing address, if applicable:

3204 Carol Ave

(Mailing address MAY BE A POST OFFICE BOX)

Palm Springs

FL 33461

**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:

Mario Marques

New Registered Office Address:

3204 Carol Ave

*Enter Florida street address*

Palm Springs

*City*

Florida 33461

*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

21 APR -2 PM 1:26

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mario Marques	3204 Carol Ave	<input checked="" type="checkbox"/> Add
		Palm Springs	<input type="checkbox"/> Remove
		FL 33461	<input type="checkbox"/> Change
MGR	Barbara Marques	3204 Carol Ave	<input type="checkbox"/> Add
		Palm Springs	<input checked="" type="checkbox"/> Remove
		FL 33461	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**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: 10/03/2021 (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

Signature of a member or authorized representative of a member

Typed or printed name of signer

**Filing Fee: \$25.00**