

L20000342210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

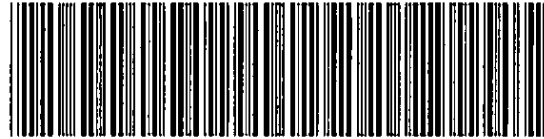
(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



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2023 JUN 20 AM 11:30  
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EST

JUN 24 2023



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 06/20/23  
Order #: 1227244-1  
Re: Conconcreto Construction LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
120000000195

Authorization:

A handwritten signature in black ink, appearing to read "Alexxis Weiland-Sorenson", written over a horizontal line.

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONCRETO CONSTRUCTION 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:

Jorge M. Vigil

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

Jorge M. Vigil, P.A.

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

265 Sevilla Avenue

\_\_\_\_\_  
Address

Coral Gables, FL 33134

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

Vivian@Jvigillaw.com

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

For further information concerning this matter, please call:

Vivian Pou

786

497-4450

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**

CONCRETO CONSTRUCTION LLC

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

FILED  
2023 JUN 20 AM 11:30

The Articles of Organization for this Limited Liability Company were filed on November 6, 2020 and assigned  
Florida document number L20000342210.

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*

\_\_\_\_\_, 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 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          | Alejandro Argimon   | 850 NW 42nd AVE | <input type="checkbox"/> Add               |
|              |                     | Suite 200       | <input checked="" type="checkbox"/> Remove |
|              |                     | MIAMI, FL 33126 | <input type="checkbox"/> Change            |
| VP           | Juan Camilo Clavijo | 850 NW 42nd AVE | <input type="checkbox"/> Add               |
|              |                     | Suite 200       | <input type="checkbox"/> Remove            |
|              |                     | MIAMI, FL 33126 | <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            |
|              |                     |                 | <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:** \_\_\_\_\_ (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

Jorge M. Vigil

Typed or printed name of signee