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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: POET CONCRETE SEVENCES, LACE 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:
Zeresteway Forest
Barr Lewis Company
15479 Photoston rules Dr. Tamping F1 33447
City/State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call.
Tac ByAFF at (330) \$34-7293  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

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

OF

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

(A Florida Limited Liability Company)

(A Florida Lii	nited Liability Company)		
The Articles of Organization for this Limited Liability ComFlorida document number \(\begin{aligned} \begin{aligned} al	npany were filed on	1/13/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company hero	<u>:</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our rec	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	Florida	Zip Code
	V. 41.1		

### 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 **Title** Name Type of Action AUGI Brandon Tortora Palm Hobor FL 34685 DRemove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ □ Add □Remove \_\_\_\_\_\_ Change □Add \_\_\_\_\_ Remove \_\_\_\_\_ □Remove 

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Effective date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be prior to date of Note:  If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records.	At thine of more man 50 mays and, minigg consounce viscos and
e record specifies a delayed effective date, but not an effective time, at a distilled.	12:01 a.m. on the earlier of: (b) The 90th day after the
Dated ArUSt 1 . 2021	
Signature of a member or authorized r	epresentative of a member
	e of signer

Filing Fee: \$25.00