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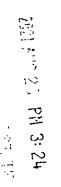
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COVER LETTER

	Registration Sec Division of Corp			
eup iec		SCRETE LLC		
SUBJEC	T:	Name of Limit	ed Liability Company	
The encid	osed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please ret	turn all correspon	dence concerning this matter to	o the following:	
		JAIME TURRUBIARTEZ	LOPEZ	
			Name of Person	
		TWINS CONCRETE LLC		
		ent and a second	Firm/Company	
		3028 ROBINSON OAK DE	8	
			Address	
		TALLAHASSEE, FL 3230)3	
			City/State and Zip Code	
		JAZZYTORRES65@GMA1		····
			o be used for future annual report notific	ation)
For furth	er information co	ncerning this matter, please ca	11:	
JAIME 1	TURRUBIARTE	Z LOPEZ	850 743-8062	
	Name of	Person	at ()	felephone Number
Enclosed	is a check for the	e following amount:		
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWINS CONCRETE LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on 04/05/2021	and assigned
lorida document number L21000156293	<u></u> .	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	mited liability company here:	
N/A		
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Inter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		-
<u> </u>		
		_
3. If amending the registered agent and/or register		e of the new regis
gent and/or the new registered office address here	:	
Name of New Registered Agent: N/A		· • · · · · · · · · · · · · · · · · · ·
		13
New Registered Office Address:	Enter Florida street address	
		بِيَ أَنِ
	, 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 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>	Name	Address	Type of Action
AMBR	JOSE J TURRUBIARTEZ LOPEZ	3028 ROBINSON OAK DR	= Add
		TALLAHASSEE, FL 32303	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
		🗀 Add	
		□Remove	
			Change
			□Add
			□Remove

N/A	
	
ective date, if o	other than the date of filing: (optional)
n effective date is li	sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
cord 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
is filed.	
	ALICHET 22 2021
ted	AUGUST 23 2021
_	
Jal	Signature of a member or authorized representative of a member
	organists of a memory of authorized representative of a memori
JOSE JA	AIME TURRUBIARTEZ LOPEZ
	Typed or printed name of signee

Filing Fee: \$25.00