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| (Requestor's Name) | _ | | | | |
|---|---|--|--|--|--|
| (Address) | _ | | | | |
| (Address) | _ | | | | |
| (City/State/Zip/Phone #) | _ | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| J. HORNE NOV - 9 2021 | | | | | |
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Office Use Only

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|--|--|---|--|--|
| TO: Registration Se Division of Cor | | | | |
| ROBERT'S | CONCRETE RESTORATION | SERVICES, LLC | | |
| SUBJECT: | CONCRETE RESTORATION Name of Limit | ted Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are subr | nitted for filing. | | |
| Please return all correspo | ndence concerning this matter t | o the following: | | |
| | ROBERTO M GONZALEZ | Z OVIEDO | | |
| Name of Person | | | | |
| ROBERT GONZALEZ CONCRETE DESIGN, LLC | | | | |
| | | Firm/Company | | |
| | 10855 HIGH NOON TRAIL | | | |
| | - <u></u> | Address | | |
| | PARRISH FLORIDA 3421 | 9 | | |
| | | City/State and Zip Code | | |
| | andrea.velasquez.75@yahoo | .com | ication) | |
| For forther information c | concerning this matter, please or | | | |
| KHADIJAH ATTALLA | | 941 284-4636 | | |
| Name (| of Person | at () Area Code Daytime | e Telephone Number | |
| | | | | |
| Enclosed is a check for t | he following amount: | | | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed | |
| Mailing Addre | | <u>Street Address:</u> Deviatoriou So | stion | |
| Registration Section Division of Corporations | | ÷ | Registration Section Division of Corporations | |
| P.O. Box 6327 | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | |

Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 NOV -1 AM 3: 26

| ROBERT'S CONCRETE RESTORATION SERVICE | SECRETARY OF CO- TALLARASSEE | | | |
|---|---|------------------------------|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) liability Company) | ALLANASSI I - S | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000165181</u> . | were filed on <u>04/09/2021</u> | and assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | <u>ility company here</u> : | | | |
| ROBERT GONZALEZ CONCRETE DESIGN, LLC | | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or | the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 10855 HIGH NOON TRAIL | | | |
| (Principal office address MUST BE A STREET ADDRESS) | PARRISH FLORIDA 34219 | | | |
| Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u> | 10855 HIGH NOON TRAIL Parrish florida 34219 | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter th</u> | e name of the new registered | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | w Registered Office Address: Enter Florida street address | | | |
| | , Florida | | | |
| | City | Zip Code | | |

New Registered Agent's Signature, if changing Registered Agent:

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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.

FILED

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

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| Title | Name | Address | Type of Action |
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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: (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) <u>Note:</u> 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 10-26-2021

Roberto to CONZALEZ QUIECO Signature of a member or authorized representative of a member

ROBERTO GONZALEZ OVIEDO

Typed or printed name of signce