LZ1000187769

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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Registration Section

TO:

Division of Corp	orations		
SUBJECT: Austin	Powers Mac	hinery UC.	
	Name of Lin	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		^ .	
	Amed 1	Name of Person	
	Austin Pi	OWERS Machinery Firm/Company	
		Firm/Company \	
	6925 W	19 ct	
		Address	
	Haleah	l 23014.	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	F-mail address: (achinery & amail. C	ification)
For further information co	ncerning this matter, please c	_	
•	merching and maner, produce o		
Alera Harring	den	at (<u>305)</u> 790	-1602.
Name of	rerson	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	-		5 . Ada aa ayy
S25.00 Filing Fee	S \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	L S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		0	
Mailing Address: Registration Se		<u>Street Address:</u> Registration Se	ection
Division of Co	rporations	Division of Cor	rporations
P.O. Box 6327 Tailahassee, Fl		The Centre of 1 2415 N. Monro	l allahassee be Street, Suite 810
,			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Artin Pavers Machinery	LLC.
(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears on our records.) v Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 21000187769</u> .	filed on 4 27 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	npany," 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:	2921
(Mailing address MAY BE A POST OFFICE BOX)	
·	21;
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	ss on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
C	ity 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>	Address	Type of Action
AMBR	Amed Almaquer	6925 W 19 d	! TAdd
	,	Haleah FL 33014.	□Remove
			X Change
AMB2	Alence Hernander	1925 W 190t	
	·	Hollenh Pl 3304.	□Remove
			(X)Change
			⊡Add
			Remove
			Remove
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	
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	57
fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing tee: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	g or more than 90 days after filing.) Pursuant to 605.0
ecord specifies a delayed effective date, but not an effective time, at 12:01 a is filed.	a.m. on the earlier of: (b) The 90th day after t
ted	
Signature of a member or authorized represent	
(2)	tative of a member