KZI (CC) 276379

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(Address)				
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(City/State/Zip/Phone #)				
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COVER LETTER

TO: Registration S Division of Co				
CUBICCT.	ARTISTIC COM	NCRETE DESIGNS LLC		
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	J.	AVIER MELCHOR CONDOR		
		Name of Person	·	
		Firm/Company		
1301 BATES AVE				
	Address			
EUSTIS, FL 32726				
	City/State and Zip Code			
		RMELCHOR96@GMAIL.COM to be used for future annual report notifi	cation)	
For further information	concerning this matter, please c	·		
JAVIER MEL	CHOR CONDOR	352 308 - 4521		
Name	of Person	Area Code Daytime	Telephone Number	7022 JAN
Enclosed is a check for	the following amount:			25
■ \$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 Stat Certified Copy (additional copy is en	ius &

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

ARTISTIC CONCRETE DESIGNS ELC

Bayland Printers (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 06 /14 / 2021 The Articles of Organization for this Limited Liability Company were filed on ___ and assigned Florida document number L21000276379 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ARTISTIC CONCRETE DESIGNS LLC 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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(If an effective da Note: If the d	te, if other than the date of ate is listed, the date must be spec- date inserted in this block doe feetive date on the Departme	ific and cannot be prior to s not meet the applicable			
he record specif ord is filed.	fies a delayed effective date, b	out not an effective time	e, at 12:01 a.m. on th	ne earlier of: (b) Tho	90th day after the
Dated	January 20	2022	. •		
	Signatur	Comily	red representative of a	rnember	
	Signatu	_		пствет	
		JAVIER MELCH Typed or printed i			· · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00