LZ1000367680

| (Requestor's Name) |
|-----------------------------------------|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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2021 AUG 30 AM 12: 41
SECRETARY OF STEEL

9/10/30X

COVER LETTER

Tallahassee, FL 32314

| | on Section f Corporations | • | |
|---------------------------|----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| | A DAUBNER LLC | • | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articl | es of Amendment and fee(s) are sul | omitted for filing. | |
| Please return all cor | respondence concerning this matter | to the following: | |
| | Martin Zelikson | | |
| | • | Name of Person | <u> </u> |
| | Concrete Realty LLC | | |
| | | Firm/Company | |
| | 2320 NE 194th st | | |
| | · | Address | ************************************** |
| | Miami, Florida 33180 | | |
| | | City/State and Zip Code | |
| | info@concreterealtylle.con | n (to be used for future annual report no | tification) |
| For further information | tion concerning this matter, please of | • | incation |
| Martin Zelikson | | 786 6143254 | |
| N | ame of Person | | me Telephone Number |
| Enclosed is a check | for the following amount: | | |
| ■ \$25.00 Filing F | ee 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 (additional copy is enclosed) |
| Mailing A | | Street Address: | ootion |
| _ | ion Section of Corporations | Registration So Division of Co | |
| P.O. Box | • | The Centre of | - |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our records) CRETARY OF STAIL (A Florida Limited Liability Company)



URBA DAUBNER LLC

company has been notified in writing of this change.

2021 AUG 30 AM 12: 44

TALLAHASSEE, FLORE

| The Articles of Organization for this Limited Liability | • | and assigned |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------|
| Florida document number L21000367680 | · | |
| This amendment is submitted to amend the following | ; : | |
| A. If amending name, enter the new name of the I | limited liability company here: | |
| The new name must be distinguishable and contain the words "l | 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 AD | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| • | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registe agent and/or the new registered office address here | | ne name of the new register |
| agent and/or the new registered office aggress her | <u>c.</u> | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Florida street address | |
| | . Florida Zip Code | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registe | ered Agent: | |
| I hereby accept the appointment as registered age provisions of all statutes relative to the proper and | • • • | |

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

f 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> Fitle</u> | <u>Name</u> | Address | Type of Action |
|---------------|---------------------|--------------------------------------|----------------|
| AMBR | Fernando Etchenique | 2320 NE 194th st Miami Florida 33180 | |
| | | | □Remove |
| | | | □Change |
| AMBR | Mauro Etchenique | 2320 NE 194th st Miami Florida 33180 | 🗏 Add |
| | | | Remove |
| | | | Change |
| <u>.</u> | | | □Add |
| | | | □Remove |
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| tive date, if other than the d | ate of filing: | | (optional) | |
| ffective date is listed, the date must be. If the date inserted in this bloc | e specific and cannot be pri | or to date of filing or more | than 90 days after filing.) | Pursuant to 605,020 all not be listed a |
| ment's effective date on the Dep | artment of State's recon | ds. | quirements, una care « | in that ac itsica a |
| | | | | |
| ord specifies a delayed effective | iate, but not an effective | time, at 12:01 a.m. on t | he earlier of: (b) The | 90th day after the |
| filed. | | | | |
| _ 23th of August | 2021 | | | |
| d | ·· | · | | |
| | 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/ | <u>:</u> | | |
| So | gnature of a member or au | thorized representative of | n member | |
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