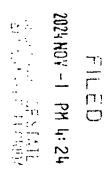
## L22000021583





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11/01/24--01008--019 \*\*25.00



## **COVER LETTER**

Tallahassee, FL 32314

TO:	Registration S Division of Co						
CHD IEZ		CONCRETE LLC					
SUBJEC	-1; <u> </u>	Name of Lin	ited Liability Company	<del>-</del>			
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please re	turn all corresp	ondence concerning this matter	to the following:				
		Kenneth Damas					
		<del></del>	Name of Person				
		Damas Law					
			Firm/Company	<del></del>			
		300 Sevilla Avenue, Suite	210				
			Address	= 1.8°			
		City/State and Zip Code					
		yl@dooarchitecture.com  E-mail address: (to be used for future annual report notification)					
For furth	er information	concerning this matter, please c	·	orneation)			
Kenneth	Damas		305 460-1119				
	Name	of Person	at () Area Code Dayti	me Telephone Number			
Enclosed	l is a check for	the following amount:					
<b>≘</b> \$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 Addre Registration		Street Address: Registration S	Section			
	Division of	Corporations	Division of Co				
	P.O. Box 63	27	The Centre of	Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 NOV -1 PH 4: 24

ISLAND CONCRETE LLC		GET WILL OF STATE
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our recor Limited Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liability Co Florida document number <u>L22000021583</u>	ompany were filed on 01/05/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
ISLAND CONCRETE HOLDING LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LL	C" or the abbreviation "L,L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
	r	lorida
	City	Zip Code

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

1

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
MGR	Miguel Kristaly, LLC	2937 SW 27 Ave	■Add
		Suite 101	□Remove
		Miami, Florida 33133	
MGR	KRISTALY, MIGUEL	2937 SW 27 Ave	□Add
		Suite 101	
		Miamí, Florida 33133	
			DAdd
			□Remove
		<del></del>	□ Change
			□Add
			Remove
		4	□Change
			□Add
			Remove
			Change
		<del> </del>	□Ađd
			□Remove
			□Change

еп	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
<u>:e:</u> If	e date, if other than the date of filing:
cord s filed	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
.d	Signature of member or authorized representative of a member
	Mibuel Wristaly

Filing Fee: \$25.00