Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240004225273)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210080155 Phone : (305)226-8727 Fax Number : (786)947-0844

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email .	Address:							
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALLAMERICA MEDITECH LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

	egistration S ivision of Co			
CHRICA	ALL AME	RICA MEDITECH LLC		
SUBJECT	:	Name of Li	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are su	binitted for filing	
Please retur	m all correspo	ondence concerning this matte	r to the following.	
		LUCIA ESTRELLA		
			Name of Person	
		LICENSES & PERMITS		
			Firm/Company	
		8300 WEST FLAGLER S	Т	
		-	Address	
		MIAMI, FL 33144		
		·	City/State and Zip Code	
		LICENSES114@GMAIL.G		
			to be used for future annual report notifi	fication)
For further i	information c	oncerning this matter, please o	all:	
LUCIA EST	FRELLA		305 226-8727	
	Name of	Persou	at (: Telephone Number
Enclosed is	a check for th	e following amount:		
©\$25.00 I	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$50.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re _i Div P.C	illing Address gistration S vision of Co D. Box 632 llahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL AMERICA MEDITECH LLC			
(Name of the Limited Liability (A Florida !	Company as it now appears or Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co	impany were filed on 61/14/	2022	and assigned
Florida document number 1.22000030952	 ∙		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
ALL AMERICA CONCRETE SOLUTIONS LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
		- ·	
Enter new mailing address, if applicable:			76
(Mailing address MAY BE A POST OFFICE BOX)			
			(-) -:\
			-1
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our recor	ds, enter the name	of the new registere
			65
Name of New Registered Agent:		=	(3) (6)
New Registered Office Address:			
	Enter Florida si	reet address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		

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 heing 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

Title	<u>Name</u>	Address	Type of Action
			OAdd
			□Remove
			GRemove
			□Change
			□Remove
			Change
			
			□Rumove
			Change
			□Aċd
			C Remove
			Change
			UAdd
			TRemove

	DEC 26, 2024
Effect	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Program to 605 0207.
lf an ef <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 then is effective date on the Department of State's records.
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