

1220000089003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

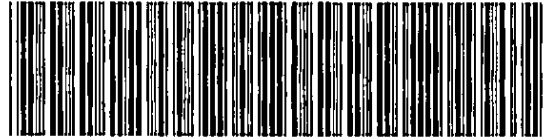
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2022 AUG 24 PM 4:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 25 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMPLE PRECAST SOLUTIONS LLC /
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: L22000089003

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DANIEL BECERRA

Contact Person

SIMPLE PRECAST SOLUTIONS

Firm/Company

16060 WW 53RD ST MORRIS/OW

Address

FL 32668

City, State and Zip Code

danielbecerra305@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL BECERRA

Name of Contact Person

at

(352) 213 2293

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2022

SIMPLEPRECASTSOLUTIONS LLC
16060 NORTHWEST 53RD
MORRISTON, FL 32668 US

SUBJECT: SIMPLEPRECASTSOLUTIONS LLC
Ref. Number: L22000089003

We have received your document for SIMPLEPRECASTSOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 122A00014743

RECEIVED
2022 AUG 24 AM 10:53
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMPLE PRECAST SOLUTIONS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL BECERRA
Name of Person

SIMPLE PRECAST SOLUTIONS
Firm/Company

16060 W 53RD ST
Address

MORRISTOWN FL 32668
City/State and Zip Code

dan@simpleprecastolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL BECERRA at (352) 213-2293
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 Status &
Certified Copy
(additional copy is enclosed)

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
OF

SIMPLE PRECAST SOLUTIONS

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

FILED
2002 AUG 24 PM 4:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L22000089003

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

ORNAVY UREA MARTINEZ

New Registered Office Address:

2521 WW 37th PLACE

Enter Florida street address

GAINESVILLE

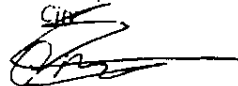
City

Florida

132607

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ORWY VERA	2521 NW 37th AVE	<input checked="" type="checkbox"/> Add
		CAINEVILLE FL 32605	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAXIMO CORCHO	16060 NW 53rd St	<input type="checkbox"/> Add
		MANISTOW FL 32668	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 08/15/2022

DANIEL BECERRA
Typed or printed name of signee

FILED
2022 AUG 24 PM 4:17
TALLAHASSEE, FLORIDA