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| (Requestor's Na | ame) |
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| PICK-UP WAI | T MAIL |
| (Business Entity | y Name) |
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| Certified Copies Certifi | cates of Status |
| Special Instructions to Filing Officer | r: |
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Office Use Only



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COVER LETTER

| TO: Registration Sect Division of Corpo | | | |
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| subject: <u>RO</u> | Mero Concre Name of Limit | ete and Masonry LLC ted Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are subn | nitted for filing. | |
| Please return all correspond | dence concerning this matter to | o the following: | |
| | Emmanuel | | 2 |
| | Komero (a) | ncrete and Masonry 120 | 3 3 31 |
| | 1230 South | Willowski Augusta | |
| | Clearwater | FL 33756 City/State and Zip Code | 8: 8: 00 |
| | Manny business (to | 1997 @ gmail. Com o be used for fiture annual report notification) | |
| For further information cor | ncerning this matter, please cal | | |
| Emmanuel Name of F | Pena Romero Person | at (727) 458-0115 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 & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |
| Mailing Address: Registration Se | ection | Street Address: Registration Section | |
| Division of Co P.O. Box 6327 | | Division of Corporations The Centre of Tallahassee | |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| E Romero Concre | te and | MaSonry LLC |
|---|----------------------------|--|
| (A Florida Limited | Liability Company) | , 0 |
| The Articles of Organization for this Limited Liability Compan Florida document number <u>L22000264074</u> . | y were filed on <u>D</u> | $\frac{5/09/22}{}$ and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company her | 2: |
| The new name must be distinguishable and contain the words "Limited Liab | The Comment of the Comment | The state of the s |
| Enter new principal offices address, if applicable: | N/A | gnation LLC of the appreviation LLC. |
| (Principal office address MUST BE A STREET ADDRESS) | | - |
| <u></u> | | (= -1, |
| Enter new mailing address, if applicable: | N/A | |
| (Mailing address MAY BE A POST OFFICE BOX) | +•// | 7 |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our rec | ords, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florid | a street address |
| | | , Florida Zip Code |
| | City | 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 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_ | Emmanuel Pena Romero | 1230 S. Hillcrest Ava | Z_ LAdd |
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| fective d | ate, if other the | date must be spec | ific and can | not be prior | to date of fil | ing or more tl | nan 90 days a | fter filing. | .) Pursu | ant to 605 | 5.0 2 0′ |
| ап спесиче | e date inserted in effective date o | n this block doe | s not meet | the applic | able statuto | ry filing red | quirements, | this date | will no | ot be list | ed as |
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