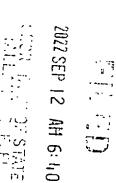
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A. BUTLER
DEC - 7 2022

COVER LETTER

Division of Corporations
SUBJECT: A. C. Concrete Services U.C. 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:
Amando Zavas Canton Name of Person
A. &. D. Concrete Services LLC. Firm/Company
3785 14 th Ave SE
Waples FL 34117 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Armando Zayas (au fon at (432) 269-1749 Name of Person at (432) Daytime Telephone Number
Enclosed is a check for the following amount:
Significate of Status ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

A. &. O Concrete	Services ILC	, 2022 on	dD
(Name of the Limited Liabi (A Florid	Ity Company as it now appears of da Limited Liability Company)	n our records) [7]	AH 6: 40
The Articles of Organization for this Limited Liability	• •	8/03/2022	and assigned
Florida document number <u>L ZZ000 34 29 52</u>	 .		,
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the desig	gnation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
			-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		, Florida	
	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
AMBR	Armondo Bayas C	37.85 14th Ave SE Waples FL 34117	🔀 Add
		Naples FL 34117	□Remove
			□Change
			🗆 Add
			□Remove
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ffective	date, if other than the	date of filing:			(option	al)
an effecti	ve date is listed, the date mus	t be specific and ca	nnot be prior to d		han 90 days after fil	ing.) Pursuant to 605.0207
	he date inserted in this blo 's effective date on the De			statutory filing re	quirements, this d	ate will not be listed as
ocument	s criccive date on the De	partificition stat	e s records.			
record s d is filed.	pecifies a delayed effective	2 date, but not an	effective time,	at 12:01 a.m. on the	he earlier of: (b)	The 90th day after the
		· · ·	·			
ated	Λ •\~					
ated	(he)					
ated	Amando	Signature of a mer	nber or authorize	d representative of a	member	

ENT E MASON