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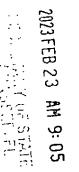
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COVER LETTER

TO: Registration Sec Division of Corp SUBJECT:	orations Tyado CONC	ted Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspor	ndence concerning this matter (to the following:	
	Cipri	and Hanndez-	Tirado
		Concrete Pump Firm/Company	+LLC
	P.0	. Box 208	
	Freepor	+ FL 32439 City/State and Zip Code	<u> </u>
	E-mail address: (t	o be used for future annual report notifi	ication)
For further information co	neerning this matter, please ca	•	(Car. 1111)
* Cpn'one Hen	ander Tixudo	at (<u>\$50)</u> (35–) Area Code Daytime	5460 Telephone Number
Enclosed is a check for the	e 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

(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow topears on our records.)
The Articles of Organization for this Limited Liability Company were file Florida document number	ed on Tan 19, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com Tado Concrete Pumping The new name must be distinguishable and contain the words "Limited Liability Compa	LC .
Enter new principal offices address, if applicable:	30 2023 30 30 30 30 30 30 30 30 30 30 30 30 30 3
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	23 AM 9: QS
B. If amending the registered agent and/or registered office address on a second of the new registered office address here:	on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Emer 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 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
			□ Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
		·	□Change
			🗀 Add
			□Remove
			□Change
	<u> </u>		
			□Remove
			□Change
			🗀 Add
			Remove
			□Change

	
_	
Note: If	e date, if other than the date of filing:
he record s ord is 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
Dated	Feb. 17 . 2023.
	Lipriano Henrole Civado Signature of a member or authorized representative of a member
	Cipriano Hernandez-Tirado Typed or printed name of signee

Filing Fee: \$25.00