L23000113126

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COVER LETTER

DAVISION OF C	Corporations		
	CRETE RESTORATION LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	LIZANY PAREDES		
		Name of Person	
	PD CONCRETE RESTOR	IATION LLC	
		Firm/Company	
	4781 129TH AVE N		
		Address	
	WEST PALM BEACH FI	.33411	
		City/State and Zip Code	
	pdconcretellc@gmail.com	to be used for future annual report not	tication)
For further informatio	n concerning this matter, please c	•	,
LIZANY PAREDES		at (561) 225-5432 Daytin	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check to	r the following amount:		/
■ \$25,00 Filing Fee	•	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Add Registratio	ress: n Section	Street Address: Registration Se	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: 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

. PD CONCRETE RESTORATION LLC		•	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	— 2023 AUG 14	PH 12: 25
The Articles of Organization for this Limited Liability Company	were filed on 3/03/23 an	d assigned	, .
Florida document number 1.23000113126		d assigned	i galia. Tanàna dia
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" or the abbreviation	on "L.L.C."	
Enter new principal offices address, if applicable:	4781 129TH AVE N		
(Principal office address MUST BE A STREET ADDRESS)	WEST PALM BEACH FL 33411		
			
Enter new mailing address, if applicable:	4781 129TH AVE N		
(Mailing address MAY BE A POST OFFICE BOX)	WEST PALM BEACH FL 33411		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of th</u>	e new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florada street address		
	, Florida		
	City Zip C	inle	
New Registered Agent's Signature, if changing Registered Agent	<u> </u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familia provided for in Chapter 605, F.S. Or, if this	r with and document is	

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
MGR	DANIEL PENA	9020 BELLHURST WAY 113	
		WEST PALM BEACH FL 33411	• Remove
			□Change
			□Add
			□Remove
		-	□Change
.=.			□Add
			□ Remove
		-	□Change
			□Add
			□Remove
			□ Change
			□ Add
			□ Псткоуе
			□Change
			🗖 Add
			□Remove
			□Change

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F ffect	ive date, if other than the date of filing: 8/11/2023 (optional)
(If an cf	fective 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
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
aocai	ent's effective date on the Department of State's records,
e reco ord is f	d 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
71 G 17 1	icu,
	AUGUST 11TH 2023
Dated	··

Filing Fee: \$25.00

Typed or printed name of signee