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(Req	uestor's Name)	
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## **COVER LETTER**

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: Jife	h Concrete Ser	rvices LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Avel	Cordona	
		Name of Berson	<u> </u>
		// Firm/Company	<del></del>
	4310 There		
		Address	
	lake unit	h Fl 33463	
		City/State and Zip Code	
	axelcordovo	h FL 33463 City/State and Zip Code to be used for fiture annual report notific	cation) 21
	E-mail address; (	to be used for there annual report notific	C 223
For further information co	oncerning this matter, please c	all:	2
Axel cordo	V.C.	E11 1.25	_
Name of	Person	at ( <u>561</u> ) <u>635</u> - Area Code Daytime	Telephone Number
			Telephone Number 17 33
Enclosed is a check for th	os fallancina amounte		F
	Ž	<b>7 444</b> 66 <b>1</b> 500 <b>1</b>	
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(1221)
Mailing Address	<u>s:</u>	Street Address:	
Registration S		Registration Sect	
Division of C	orporations	Division of Corp	orauons

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ticala Consusta Savurcas IIS

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 3000 N 72 69</u> .	y were filed on <u>03</u> /	17 /2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
N/A		
N/A The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable:	۸/A	PO 1
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE BOX)</u>		- 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	rtl ds, <u>enter the name of the new registere</u>
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida si	treet address
		Florida
	Ciţ	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>	Name	Address	Type of Action
<u>AMBR</u>	Esmi Yulibeth Almendares Exobar	4310 Theresa Ct Lake worth FL 33463	n Dadd
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			□Change
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