## 113000 A4 6808

(Requestor's Name)
(Address)
(Address)
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10: 10: 1 7 10:
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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26.

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July 21, 2023

SAMIRA DEMARCO 11632 GREENSLEEVE AVE. TAMPA, FL 33331 US

SUBJECT: FLORIDA FOAM CONCRETE LLC

Ref. Number: L23000246808

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

AUG 0 4 2023

Letter Number: 223A00016346

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Florida Foam Concrete LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Company were filed on $\frac{057}{2}$	and assigned
Florida document number L23000246808		
This amendment is submitted to amend the fo	Howing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company he	<u>re</u> :
N/A		
he new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	F ROX)	
3. If amending the registered agent and/or	registered office address on our re	cords, enter the name of the new registe
gent and/or the new registered office addr		
Name of New Registered Agent:	Samira Demarco	
New Registered Office Address:	11632 Greensleeve Ave.	
isew registered office //ddress.	Enter Flor	ida street address
	Tampa	Florida 33626
	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
MGR	Samira Demarco	11632 Greensleeve Ave., Tampa, FL 33626	□Add
			□Remove
			<b>=</b> Change
	·		□Add
			🗆 Remove
			□Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
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	<del></del>		□Add
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			□ Change
			□Add
		<del></del>	🗆 Remove
			Change

ch —	anged to Samira Demarco, 11632 Greensleeve Ave., Tampa, FL 33626.
2-	The title of Samira Demarco. 11632 Greensleeve Ave., Tampa, FL 33626 will be changed from AMBR to
M	GR.
_	
<u>te:</u> If	date, if other than the date of filing:
cord s s filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	10:00 a.m.
	Signature of A phember or authorized representative of a member