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Account Number : I20210000155

Phone : (305)226-8727

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September 28, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LICENSES & PERMITS LLC

SUBJECT: CONCRETE HERNANDEZ LLC

REF: L23000248157

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please provide the full name of the authorized persons being added and removed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

FAX Aud. #: H23000328767 Letter Number: 323A00022449

## **COVER LETTER**

ition Section of Corporations		
NCRETE HERNANDEZ LLÇ		
Name of Lin	ited Liability Company	<u> </u>
	•	
LUCIA ESTRELLA		
······································	Name of Person	<del></del>
LICENSES & PERMITS I	CLC	
	Firm/Company	
8300 W FLAGLER ST SU	ИТЕ 114F	
	Address	<del></del>
MIAMI, FL 33144		
<del></del>	City/State and Zip Code	
LICENSES114@GMAIL.C	ОМ	
	·	)
ation concerning this matter, please c	ali:	
LA	305 226-8727	
Name of Person		hone Number
k for the following amount:		
Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & E Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo
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ssee, FL 32314	The Centre of Tallaha 2415 N. Monroe Stre	
	NORETE HERNANDEZ LLC  Name of Lin  cles of Amendment and fee(s) are substituted are substituted as a substitute of Email address:  MIAMI, FL 33144  LICENSES & PERMITS I  8300 W FLAGLER ST SU  MIAMI, FL 33144  LICENSES114@GMAIL.C  E-mail address: ( ation concerning this matter, please of Email address)  LA  Name of Person  k for the following amount:  Fee  \$30.00 Filing Fee & Certificate of Status  Address: ution Section of Corporations x 6327	NCRETE HERNANDEZ LLC  Name of Limited Liability Company  Cles of Amendment and fee(s) are submitted for filing.  Orrespondence concerning this matter to the following:  LUCIA ESTRELLA  Name of Person  LICENSES & PERMITS LLC  Firm/Company  8300 W FLAGLER ST SUITE 114F  Address  MIAMI, FL 33144  City/State and Zip Code  LICENSES114@GMAIL.COM  E-mail address: (to be used for future annual report notification ation concerning this matter, please call:  LA  Name of Person  Area Code  Daytime Telep  k for the following amount:  Fee  \$30.00 Filing Fee & \$555.00 Filing Fee & Certificate of Status  Certified Copy (additional copy it enclosed)  Address:  tition Section  n of Corporations  x 6327  The Centre of Tallaha  Telepote Control Tallaha  Registration Section  Division of Corporations  The Centre of Tallaha

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Company v	ny as it now appears on our records.) iability Company) were filed on 05/19/2023	and assigned
owing:		and assigned
the limited liabil	lity company here:	
	lity company here:	
ords "Limited Liabilit	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."
able:		
T ADDRESS)		
	***************************************	
S here:  DAVID DEL CA		2
1021 NW 26 ST	Enter Florida street address	- 73
MIAMI	, Florida	33127 33127
r and complete p tered agent as pr	e to act in this capacity. I further performance of my duties, and I ar rovided Joy in Chapter 601, F.S. C	n familiar with and Or, if this document is
	ADDRESS)  Registered office at the shere:  DAVID DEL CA  1021 NW 26 ST  MIAMI  Registered Agent:  Registered agent and agree of and complete part and agent as part agent as part agent as part agent as part agent	gistered office address on our records, enter the name of here:  DAVID DEL CARMEN HERNANDEZ PALACIOS  1021 NW 26 ST  Enter Florida street address  MIAMI City  agent and agree to act in this capacity. I further or and complete performance of my duties, and I and the entered agent as provided joy in Chapter 603, F.S. Capacitered office address, I hereby confirm that the

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(FAX)

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	FRANCISCO VILLAREYNA OLI	1021 NW 26 STREET	
	, .	MIAMI, FLORIDA 33127	<b>≅</b> Remove
			□ Change
MGR	DAVID DEL CARMEN HERNAN	1021 NW 26 STREET	<b>@</b> Add
		MIAMI,FLORIDA 33127	Remove
			ПСhалде
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Dated SEPT 13	2023	
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