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	ration Sect on of Corpo		,	•	;
QU SUBJECT:	JINTANÁ	CONCRET LLC	•		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all	correspond	dence concerning this matter	to the following:		
		ERVI QUINTANA PORT	ILLO		
			Name of Person		_
			Firm/Company		_
		1421 SW 27th AVE APT	1604		
•			Address		_
		OCALA, FL 34471			
		If chanerviportillo@gmail.c	City/State and Zip Code om to be used for future annual rep	port notification)	
For further infor	mation con	cerning this matter, please co		, con nounced to the control of the	
ERVIN QUINTA	ANA POR	TILLO	352 36243	315	
	Name of P	erson		Daytime Telephone Numb	er
Enclosed is a che	eck for the	following amount:			
₩\$25.00 Filing	g Fec	Fig. \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	Filing Fee, cate of Status & ed Copy al copy is enclosed)
	Address:		Street Addi		
	ration Se	ction porations		on Section of Corporations	
	ox 6327	•		re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUINTANA CONCRET LLC			
(Name of the Lim	ited Liability Company a (A Florida Limited Liab	as it now appears on our records ility Company)	<u>.)</u>
The Articles of Organization for this Limited I Florida document number L23000274097	Liability Company we		and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability	y company here:	
The new name must be distinguishable and contain the	words "Limited Liability (Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable: _		··- ···
(Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			F L 24 SECRETARIE AND
B. If amending the registered agent and/or agent and/or the new registered office address.		ress on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	5001 SW 20th ST A	APT 1207	
	-	Enter Florida street address	
	OCALA	, Flo	rida ³⁴⁴⁷⁴
		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.

Ervi Eden Quintana ?

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
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an effecti <u>ote:</u> If t	date, if other than the date of filing:
record spis is 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
ited	JJ 17 , 2023
	Signature of a member or authorized representative of a member
	Even Eden Quinter N Typed or printed name of signee

Filing Fee: \$25.00