L23000293727

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Special Instructions	s to Filing Officer	

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COVER LETTER

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CUDIFCT		Best Concrete Finishings & M	ore Management LLC			
SUBJECT	·	Name of Lim	ited Liability Company			
The enclose	ed Artic le s of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all co ri espo	ondence concerning this matter	to the following:			
		Patrick Delhomme				
			Name of Person			
		Tricks The Best Concrete	Finishings & More Management LLC	_		
			Firm/Company			
	•	9311 SE Maricamp Road U	Jnit 1060			
			Address			
		Ocala, FL 34472				
			City/State and Zip Code			
		Thebestconcrete13@gmail.				
		E-mail address: (to be used for future annual report notificati	on}		
For further	information c	oncerning this matter, please c	all:			
Patrick Del	homme		352 708-1126			
	Name o	f Person		ephone Number		
Enclosed is	a check for th	ne following amount:				
≅ \$25.00	Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	ailing Addres		Street Address: Registration Section	n		
Registration Section Division of Corporations			-	Division of Corporations		
P.	O. Box 632	7	The Centre of Talla	hassee		
T	allahassee, l	FL 32314	2415 N. Monroe St	reet, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tricks The Best Concrete Finishings & More		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L23000283727	Company were filed on 06-12-2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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	Patrick Delhomme	9311 SE Maricamp Rd	■Add
		Unit 1060	□Remove
		Ocala, FL 34472	□Change
			□Add
		 	Remove
			□Change
<u></u>			□Add
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ective date, if other than the dan effective date is listed, the date must b	ate of filing:		(option	al)	
n effective date is listed, the date must be tee. If the date inserted in this block tument's effective date on the Department.	k does not meet the applic	able statutory filing	re than 90 days after fil requirements, this d	ing.) Pursuant to 605 ate will not be list	i.020 ed a:
cord specifies a delayed effective of sfiled.	ate, but not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day afte	r the
ed May 16th	, 2024	<u></u> .			
	gnature of a member or auth-	orized representative of	of a member		
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