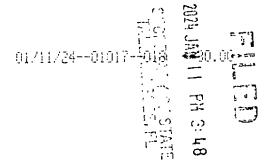


(Re	equestor's Name)			
(Ad	dress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				







1/30/24

COVER LETTER

	gistration Se vision of Cor		.•		
SUBJECT:	PRECAST				
SOBJECT:					
The encloses	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		CARLOS A BARRIOS LA	ARIOS		
			Name of Person		
		PRECAST HOME BUILD	DERS LLC		
Firm/Company					
9600 SW 8 ST, STE 2					
			Address	•	
MIAMI FL 33174					
	City/State and Zip Code				
		info@precasthomebuilders.			
For further i	nformation c	e-man address: (oncerning this matter, please c	to be used for future annual	ii report notification)	
Carlos A Barrios Larios		786 9 at ()	05-3678	PRA JAN 1 PH 3: 48	
	Name o	f Person	Area Code	Daytime Teleph	one Number
Enclosed is	a check for th	ne following amount:			
☐ \$25.00 t	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee Certified Copy (additional copy is e		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Regist	Address: tration Section on of Corporation	one	
Division of Corporations P.O. Box 6327		The C	entre of Tallaha	ssee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRECAST HOME BUILDERS LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company for ida document number 1.2300037898980	were filed on 08/11/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	oility company here:
AMERICAN STEEL CORE BUILDERS LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

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
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change Add Add Remove
			☐ Remove
			□ Change
	·		🗆 Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
			□Add
			□Remove
			C. 0.

Filing Fee: \$25.00

Typed or printed name of signee