L23000444869

| (Requestor's Name) |
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| |
| (Address) |
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

| Calderon C | oncrete LLC | | |
|---------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| SUBJECT: | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Meghan Calderon | | |
| | | Name of Person | |
| | Calderon Concrete LLC | | |
| | | Firm/Company | |
| | 9929 Dowden Rd Unit 19 | 126 | |
| | **** | Address | - Sec. 20 |
| | Orlando, FL 32832 | | 2624 JAN 18 |
| | | City/State and Zip Code | & |
| | mikecalderon881@gmail.c | om | |
| | E-mail address: (| to be used for future annual report notification | on) |
| For further information c | oncerning this matter, please c | all: | 7- 21 7- 21 |
| Meghan Calderon | | 201 620-1987 | |
| Name o | f Person | Area Code Daytime Tele | ephone Number |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$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) |
| Mailing Addres Registration S Division of C | Section | Street Address: Registration Section Division of Corpora | |
| P.O. Box 632 | • | The Centre of Talla | |
| Tallahassee, l | FL 32314 | 2415 N. Monroe Str | reet, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| M&M Concrete of FL LLC | | |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our records imited Liability Company) | <u>F)</u> |
| The Articles of Organization for this Limited Liability Cor Florida document number <u>L23000444869</u> | mpany were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| Calderon Concrete LLC | | |
| he new name must be distinguishable and contain the words "Limite | d Liability Company," the designation "LLC" | |
| Enter new principal offices address, if applicable: | | 2021 |
| Principal office address MUST BE A STREET ADDRE | (22) | |
| THICTORICE GARLESS MOST BE A STREET ADDRESS | | |
| | | |
| 2 | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our records, <u>enter</u> (| the name of the new regist |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | | |
| | Enter Florida street address | • |
| | , Flo | orida |
| | 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 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> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
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| Sective date, if other than the an effective date is listed, the date mus | t be specific and cannot be prior to da | ate of filing or more than 90 da | (optional) ys after filing.) Pursuant to 605.020 |
| ote: If the date inserted in this blocument's effective date on the Di | | statutory filing requiremen | its, this date will not be listed a |
| | | | |
| record specifies a delayed effectiv | date, but not an effective time, | at 12:01 a.m. on the earlier | of: (b) The 90th day after the |
| is filed. | | | |
| | 2024 | | |
| January 11 | | | |
| January 11 ated | | | |
| | Signature of a member or authorized | Δ | |