2024-11-24 12:39:56 PST



Electronic Filing Menu

Corporate Filing Menu

Help

13236068205

COVER LETTER

| TO: | Registration Section |
|-----|--------------------------|
| | Division of Corporations |

SHOTCRETE UNLIMITED LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Mike Town

Name of Person

Legalzoom com, luc.

Firm:Company

9900 Spectrum Di-

Address

Austin, TX 78717

City/State and Zip Code

_ . _ .. _

_ ____

raymondvetaseo58@yahoo.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

| Mike Town | SOU | 773-0888 |
|---------------------------------------|-----------|--------------------------|
| · · · · · · · · · · · · · · · · · · · | at () | |
| Name of Person | Area Code | Daytime Telephone Number |

Enclosed is a check for the following amount:

S25.00 Filing Fee

E \$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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corpotations Clifton Building 2661 Executive Center Circle Tatlahassee, FL 32301

| • Page: 09 of 51 | 2024-11-24 12:39:56 PST | 13236068205 | From: Rajiv Srivastava |
|-------------------------------------|--|--------------------------------------|------------------------|
| | ARTICLES OF AMENI | DMENT | |
| | ТО | 4*- | |
| | ARTICLES OF ORGAN | IZATION FILED |) |
| | OF | 2024 NOV 05 | |
| SHOTCRETE UNL | MITED LLC | 2024 NOV 25 PM | 1:45 |
| (<u>N</u> | nne of the Limited Liability Company as it now (A Florida Limited Liability Com | appears on our records:) | Citra - |
| | (A Fiolida Emulei Enolity Com | ibariz i | |
| The Articles of Organization for i | his Limited Liability Company were filed | on <u>01/04/2024</u> | _ and assigned |
| Florida document number 1.2400 | | | - |
| | | | |
| This amendment is submitted to a | mend the following: | | |
| A. If amending name, enter the | new name of the limited liability compared | any here: | |
| | | | |
| The new name must be disunguishable | and comain the words "Limited Liability Company | " the designation "LLC" or the abbre | viation * L.L.C.* |
| | | | |
| Enter new principal offices add | •• | | |
| (Principal office address MUST | <u>BE A STREET ADDRESS)</u> | | |
| | | ·· | |
| | | | |
| Enter new mailing address, if a | pplicable: | | |
| (Mailing address MAY BE A PC | <u>DST OFFICE BOX)</u> | | |
| | | | |
| | | | |
| | d agent and/or registered office addre | ess on our records, <u>enter th</u> | e name of the new |
| registered agent and/or the new | registered office address here: | | |
| | | | |
| Name of New Registere | d_Agent: | | |
| New Registered Office | Address | | |
| Ten registeren Sance | | ter Florida street address | |

New Registered Agent's Signature, if changing Registered Agent:

To:

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Cin

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ___

Lip Code

13236068205

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|---------|----------------------|--|----------------|
| AMBR | Ryan William Garrett | 4) W Italian Ave Defuniak Springs, FL 32433 | 📄 Add |
| | | | 🛛 Remove |
| | | ···· _····· | Change |
| | | | 🖸 .Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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| f an effective date is listed, the date in <u>Note:</u> If the date inserted in this locument's effective date on the | s block does not meet the applica 2 Department of State's records yed effective date, but not | to date of filing or more than 90 o ble statutory filing requirem | _ (optional) lays after filing) Pursuant to 505 0207 ents, this date will not be listed as 2:01 a.m. on the earlier of |
| | | | |
| . 11/24 | 2024 | | |
| lated | 2024 | _ · | |
| Pated/S/ Raymond Jo | hn Velasco | _ · | |
| Pateci | • <u></u> • <u></u> • | ized representative of a membe | 1 |
| | hn Velasco Signature of a member or autho | ized representative of a membe | t |

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Filing Fee: \$25.00