## L2400019474

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	Registration S Division of Co					
		ONCRETE PUMP SERVICES	LLC			
SUBJEC	T:	Name of Lin	ited Liability Company		<del></del>	
The enclo	sed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all corresp	oondence concerning this matter	to the following:			
		TAMMY SANDERS				
	Name of Person					
SANDERS BOOKEEPING & TAX SERVICES INC						
Firm/Company					<del></del>	
20931 NE HWY 27						
Address						
		WILLISTON, FL 32696				
		PAYROLL@SANDERS-F	City/State and Zip Co INANCIAL.COM to be used for future ann			
For furthe	er information	concerning this matter, please c		tial report nontication	''	
TAMMY	SANDERS		352 at ( )	451-1702		
	Name	of Person	Area Code	Daytime Telep	phone Number	
Enclosed	is a check for	the following amount:				
<b>■</b> \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy is	•	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is encounted)	ELECTRICAL STREET
I I I	Mailing Addro Registration Division of ( P.O. Box 63 Fallahassee,	Section Corporations 27	Regi Divis The 9 2415	t Address: stration Section sion of Corporate Centre of Tallah N. Monroe Stre shassee, FL 3230	ions SSEE FL STATE seet, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPEED CONCRETE PUMP SERVICES I	
(Name of the Limited Liab (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L24000019474</u>	Company were filed on 01/08/2024 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD)	DRESS)
	<del>,                                      </del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
The state of the s	
B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	red office address on our records, enter the name of the new registere
	, Florida
New Registered Agent's Signature, if changing Registe	5. <b>70</b>
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply will the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this accument is cred office address, I hereby confirm that the limited liability is.

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	NAVARRETE, DANIEL		_ 🗖 Add
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			_ 🗆 Change
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ective date, if other than the effective date is listed, the date mute: If the date inserted in this becoment's effective date on the I	ast be specific and block does not a	d cannot be prior to neet the applicab	2024 date of filing or n le statutory filin	ore than 90 days afte	ional)  r filing:) Purspant, is date will not be the second of the secon	Ested a.
ecord specifies a delayed effecti s filed.	ve date, but no	t an effective tim	e, at 12:01 a.m.	on the earlier of: (	b) The 列航 day いこ いこ いい	ī.
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ed JULY 8	Ille	member or authori	ller	of a mamha-		_