17/2/24, 10:26

Division of Corporations

Florida Department of State Division of Cornorations Electronic Filling Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000065769 3)))



H240000657693ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : 120060000012 Phone : (305)826-5886

Fax Number : (305)722-0535



Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONCRETE BLOCK CAPITAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CONCRETE BLOCK CAPITAL LI	LC
(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records,)
The Articles of Organization for this Limited I Florida document number	iability Company were filed on _	02/01/2024 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation L.L.C."
Enter new principal offices address, if appli-	cable:	25 7 7
(Principal office address MUST BE A STREE	ET ADDRESS)	8 9
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	M 9: 36
B. If amending the registered agent and/or agent and/or the new registered office address.	EJ	records, enter the name of the new registered
Name of New Registered Agent:	SOLER HERNANDEZ ALLAN	
New Registered Office Address:	17528 SW 13 ST	
A	Enter Flo	orida strvet address
	PEMBROKE PINES	, Fiorida ³³⁰²⁹
	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 diffuse, 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

To: 18506176293 . Page 4 of 5 2024-02-17 17:53:42 GMT 13058473293 From Martin Collante

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>	Name	Address	Type of Action
AMBR	ALAN SOLER HERNANDEZ	17528 SW 13 ST	
		PEMBROKE PINES, FL 33029	■Remove
		white design is represented to the first of the second sec	Change
AMBR	ALLAN SOLER HERNANDEZ	17528 SW 13 ST	≣ Add
		PEMBROKE PINES, FL 33029	□ Remove
			Change
			□Remove
			☐ Change
			①Add
			□Remove
			()Change
			`□Add
			[]Removc
			☐ Change
			⊡∧dd
			□Remove
			□Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated Signature of summittee or authorized representative of a member		
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Dated		
Signature of a member or authorized representative of a member		
	rd is f	iled.