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COVER LETTER

l'O: Registration Section Division of Corporations	
SUBJECT: (ASTRU CONCRETE CONSULTING, LLC 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:	
DINAH . JACKSON_Name of Person	
CASTRO CONCRETE CONSULTINE, LLC Firm/Company	
18-14 NOU 21 STREET Address	
POMPANO DEACH FL 33069 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
DINAH JACKSON at (954) 970-7671	
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:	
\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>LASTRU (ONCRETE (ON</u>	<u> SULTING, LLC</u>		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears or ed Liability Company)	n our reco <u>rds.</u>)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 94000 76780</u> .	ny were filed on	1-25-21	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the desig	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u>-</u>	<u> </u>
			24
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		•	
B. If amending the registered agent and/or registered offic	ce address on our reco	rds, <u>enter the n</u>	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	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
MGR	DINAH JACKSON	1844 NW 21 STREFT	Add
		POMFANO BEACH [33069	□Remove
			□Change
MGR_	FRANCISCO CASTRO	455 NW 19 STREET	Add
		MIAMI FL 33136	□Remove
		□ Change	
			□ Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

). If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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D rice .	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
f the recore	d 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 led.
Dated (5.2021
	Signature of a member or authorized representative of a member
	District of a member of a member
	Typed or printed name of signee