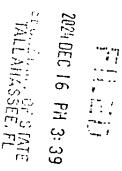
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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Special Instructions to Filing Officer:
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12/16/24--01022--016 \*\*25.00





# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: L. F. P Concrete LC  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:
Pastor Moreno Name of Person
L. E. P Concrete 110
3419 helly buit
City/State and Zip Code  City/State and Zip Code
For further information concerning this matter, please call:
Cardelaria Gay Cla at (843) 397 6057  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Zi \$25.00 Filing Fee

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

L.E.D	1000cr	te 11c		- 
(Name of the Limi	ted Liability Compan (A Florida Limited L	y as it now appears an ability Company)		3: <b>4</b> 0
The Articles of Organization for this Limited L		vere filed on $\int\limits_{-\infty}^{\infty}$	UNI 2025 ASSEE,	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabi	lity company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabili	ty Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
				<del></del>
Enter new mailing address, if applicable:				· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or agent and/or the new registered office addre		ddress on our reco	rds, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	Pasta	or Mor	$coo_{-}$	
New Registered Office Address:	3419	hely Co	Street address	<del></del>
	Mulbo	(n)	, Florida _	33860 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 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>	Name	Address	Type of Action
MGB	Pastor Moreno	3419 hely court	Z/Add
		3419 Kelly Court Hulberry 71 3381	☐Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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<del></del>			
			□Remove
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an eu lote:	ive date, if other than the date of filing: 12 11 202 (optional) ective 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor	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.
ated	December 13, 2024.
/	Signature of a member or authorized representative of a member

EU E 645.00