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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068 Phone : (407)326-8484 : (407)604-5519 Fax Number

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 MIX USA LLC

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AUG 1 1 2023

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From: RUBEM SQL

COVER LETTER

TO:	Registration Se Division of Cor			
2110 1	CONCRET	E MIX USA LLC	ķ .	
SUBJE	W.1: *	Name of Lan	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Rubem Souza		
			Name of Person	
		Medeiros Souza corp		
		***************************************	Firm/Company	
1711 Amazing Way, Ste 213				
			Address	
		Ococe, FL 34761		
		contact/@medcirossouza.cor	City/State and Zip Code	
			to be used for future annual report notificat	ion)
For fur	ther information c	oncerning this matter, please ca	all;	
Ruben	Souza		407 326 - 8484	
	Name o	f Person	Area Code Daytime Te	lephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MailingAddress:

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

StreetAddress:

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

	ited Liability Company as it now appears ((A Florida Limited Liability Company)	on our records.)	
	· · ·		
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{95/2}{2}$	772023	_ and assigned
Florida document number L23000139634	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company here	.	
The new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or the abbres	ciation "L.L.C."
Enter new principal offices address, if appli	icable:	-	
Principal office address MUST BE A STRE			
Enter new mailing address, if applicable:			
.,	E BON)		
• • • • • • • • • • • • • • • • • • • •	E BOX)		
.,	E BOX)		
Mailing address MAY BE A POST OFFICE		ords, <u>enter the name o</u>	f the new regi
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on our rec	ords, enter the name o	
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our rec ess here:	ords, <u>enter the name o</u>	f the new regi
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our rec	•	
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office address on our rec ess here:	ords, enter the name o	
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address	registered office address on our recess here: MEDEIROS SOUZA CORP 1711 Amazing Way, Ste 213	•	2929 A
	registered office address on our recess here: MEDEIROS SOUZA CORP 1711 Amazing Way, Ste 213		2927 ATT 1-0 - AR

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

Title	Name	Address	Type of Action
AMBR	sandra regina costa de ficitas	5135 INTERNATIONAL DRIVE,	■Add
		SUITE 1&2 ORLANDO, FL 32819	
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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From: RUBEM SO

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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	s błock does no	ot meet the applicat	date of filing or modele statutory filing	(option te than 90 days after fi requirements, this o	(a l) Fing.) Pursuant to 605,0207 (, fate will not be listed as th
e record specifies a delayed efford is filed	ctive date, but r	not an effective tim	c, ar 12/01 a.m. oi	the earlier of: (h)	The 90th day after the
Dated Orlando		08/10/2023			
EL .			• ·		
			zed representative o		