

W5000010206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

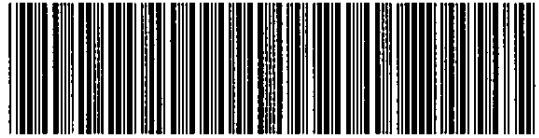
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

789 623 671

Office Use Only

*W5000010206*



600159262766

08/10/09--01016--011 \*\*30.00

FILED  
2009 AUG 24 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

AUG 25 2009

EXAMINER

SOUTHERN PRE CAST STRUCTURES, LLC

PO BOX 1543

BUSHNELL, FLORIDA 33513

352-569-1128

DIVISION OF CORPORATIONS

REGISTRATION DIVISION

ENCLOSED PLEASE FIND SOUTHERN PRE CAST STRUCTURES, LLC AMENDMENT OF ARTICLES OF ORGANIZATION AND SCHEDULE OF MEMBERS UNITS. WE HAVE ALSO ENCLOSED A CHECK AMOUNT OF \$30.00 FOR FILING FEE AND CERTIFICATE OF STATUS

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT ME



CINDI PERUGINO

2009 AUG 24 PM 2:15  
SECRETARY OF STATE  
TALLAHESSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2009

CINDI PERUGINO  
PO BOX 1543  
BUSHNELL, FL 33513

SUBJECT: SOUTHERN PRE-CAST STRUCTURES, LLC  
Ref. Number: L05000010206

We have received your document for SOUTHERN PRE-CAST STRUCTURES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 009A00027466

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 AUG 24 PM 2:15

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Southern Pre Cast Structures, 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:

Cindi Perugino  
Name of Person  
Southern Pre Cast Structures, LLC  
Firm/Company  
PO BOX 1543  
Address  
Bushnell, Florida 33513  
City/State and Zip Code  
southernprecaststructures@embarqmail.com  
E-mail address: (to be used for future annual report notification)

2009 AUG 24 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Cynthia Perugino at ( 352 ) 569-1128  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Southern Pre Cast Structures, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 28th, 2005 and assigned Florida document number L5000010206.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PO BOX 1543  
Bushnell, Florida 33513  
\_\_\_\_\_  
\_\_\_\_\_

**FILED**  
2009 AUG 24 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

GR = Manager  
GRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>   |
|--------------|-------------|----------------|---|
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

FILED  
 AUG 25 2009 2:15 PM  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Cynthia Perugino 51% Members Units  
 William D. Hall 49% Members Units  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated August 4, 2009

*Cynthia Perugino*  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 \_\_\_\_\_  
 Cynthia Perugino  
 \_\_\_\_\_  
 Typed or printed name of signee