JPS 575 666 257

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Àd | ddress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | · _ · _ | |





700399446687

61.64 Jane 1127es : *****.

50 - 5 - 1. 5 - 5. 5

COVER LETTER

Registration Section TO: Division of Corporations

SUBJECT: CONCRETE CREATIONS & COLOR DESIGNS, 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:

| | Corpora | te Maintenance Lea | <u> </u> |
|--|---|---|---|
| | | Name of Person | |
| | Proce | essing Department | |
| | | Firm/Company | |
| | 1. | 450 Vassar St | _ |
| | | Address | 25.3 |
| | F | Reno, NV 89502 | |
| | | City/State and Zip Code | ا در: |
| | E-mail address: (to | o be used for future annual report notif | ication) |
| For further information cor | ncerning this matter, please ca | n: | ىن ك خ |
| Processit | ng Department | at (800) 638-2320 Daytime | : Telephone Number |
| Enclosed is a check for the | following amount: | | |
| \$25,00 Filing Fec \$25,00 Filing | ☐ \$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**

| (Name of the Limited Liability Company (A Florida Limited Lia | ability Company) | , |
|--|-----------------------------------|-----------------------------|
| | | and assigned |
| ne Articles of Organization for this Limited Liability Company w | vere med on | |
| orida document number L22000272296 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liable | ity company here: | |
| | | and a chlorophythan "LLC" |
| FC Store Des | ty Company," the designation "LLC | Of the appreviation Divice. |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| - | | |
| | | |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered of | fice address on our records | s, enter the name of the |
| egistered agent and/or the new registered office address here | ' | 50 |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addres | |
| | FI | orida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| New Registered Agent's Signature, is enauging registered agent and agr | | at an armen to commbine |

It Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|---------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | Add |
| | | | Remove |
| | | | |
| | | | Add |
| | | | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Rèmove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | Remove |
| | | | Change |

| Changing Busine | ess Purpose to: Online Sales | |
|---|--|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | _ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | ر - ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ |
| | | 1 |
| | | |
| | | <u> </u> |
| | | |
| | | |
| | | |
| | | |
| setiva date if other than | the date of filing: N/A e must be specific and cannot be prior to date of filing c | (optional) |
| effective date is listed, the dat | the date of filing: must be specific and cannot be prior to date of filing can block does not meet the applicable statutory file. | or more than 90 days after filing.) Pursuant to 60: |
| te: If the date inserted in the | he Department of State's records. | |
| | | |
| record specifies a del he 90th day after the | ayed effective date, but not an effective record is filed. | re time, at 12:01 a.m. on the earli |
| | er 22 nd , 2022 | |
| | Charle God To | ? 3 |
| | Signature of a member or authorized represents | si a ata mumbar |

Page 3 of 3

Filing Fee: \$25.00

COVER LETTER

| TO: | Registration Section |
|-----|--------------------------|
| | Division of Corporations |

SUBJECT: CONCRETE CREATIONS & COLOR DESIGNS, 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:

| | Corpora | te Maintenance Lea | <u>id</u> _ |
|-----------------------------|---|---|--|
| | | Name of Person | |
| | Proce | essing Department | |
| | | Firm/Company | |
| | 1- | 450 Vassar St | |
| | | Address | - |
| | 1 | Reno, NV 89502 | । |
| | | City/State and Zip Code | |
| | E-mail address: (t | o he used for future annual report notiti | cation) . |
| For further information co | oncerning this matter, please ca | M : | : |
| | ing Department | at (800) 638-2320 Daytime | Telephone Number |
| Enclosed is a check for the | ne following amount: | | D 640 00 EVI - E |
| ☑ \$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

| CONCRETE CREA | ATIONS & COLOR DESIGNS, LLC | |
|---|--|-------------------------|
| (Name of the Limited Liab (A Flor | sility Company as it now appears on our records.) ida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number L22000272296 | Company were filed on 06/15/22 | and assigned |
| This amendment is submitted to amend the following: | : | |
| A. If amending name, enter the new name of the li | imited liability company here: | |
| 50 | Chara Basian IIC | shbraciation "L.I.C." |
| The new name must be distinguishable and contain the words "I | Limited Liability Company." மீe designation "LEC of th | e addrevistion D.D.C. |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AD | <u>DRESS)</u> | |
| | | |
| Enter new mailing address, if applicable: | | (.) |
| (Mailing address MAY BE A POST OFFICE BOX) | | : |
| B. If amending the registered agent and/or re- registered agent and/or the new registered office a | egistered office address on our records, <u>en</u> address <u>here</u> : | ter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florid | a |
| _ | City | Zip Code |
| Name Registered Agent's Signature, if changing Regist | tered Agent: | |

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.

It 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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|----------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | |
| | | <u> </u> | Change |
| | <u></u> | | Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |

| Changing Business Purpose to: Online Sal | les |
|--|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | _ |
| | |
| | |
| | |
| | |
| | |
| | |
| | 2673 - J |
| | |
| | |
| | |
| | ; |
| | |
| | |
| 21/2 | |
| ctive date, if other than the date of filing: N/A effective date is listed, the date must be specific and cannot be prior to date of | (optional) |
| . If the date inserted in this block does not meet the applicable statu | tory filing requirements, this date will not be li- |
| ument's effective date on the Department of State's records. | |
| | |
| record specifies a delayed effective date, but not an eff | ective time, at 12:01 a.m. on the ear |
| he 90th day after the record is filed. | |
| ed December 22th 2022 | , |
| Signature of a member or authorized rep | F |
| Signature of a member or authorized rep | resentative of a member |

Page 3 of 3

Filing Fee: \$25.00